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ABSTRACT

This document comprises the two 2000 issues of a UNESCO newsletter addressing topics related to adolescent well-being in the Asia-Pacific region, particularly reproductive and sexual health. Each issue contains news from the region on various initiatives related to adolescent health and education, as well as Web links and publications on the subject. Each issue also contains a feature article. The June issue focuses on communications and advocacy strategies used with adolescents. The December issue focuses on best practice for adolescent reproductive health services. Countries covered in the two issues include Bangladesh, Cambodia, India, Indonesia, Iran, Malaysia, Maldives, Mongolia, Philippines, Sri Lanka, Thailand, Lao PDR, Nepal, Pakistan, Uzbekistan, and Vietnam. The brief articles provide various statistics, program descriptions, guidelines, concerns, and recommendations related to improving adolescent reproductive health and general well-being in this region. (KB)

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Adolescence Education Newsletter, 2000

Carmelita L. Villanueva and Teresita M. Padilla, Editors

Volume 3, Numbers 1-2
June-December 2000

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PS 029 398

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June 2000

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ADOLESCENCE EDUCATION NEWSLETTER

COMMUNICATIONS AND ADVOCACY STRATEGIES

Are your ARH messages being heard and heeded by your target audience? The success or failure of communications and advocacy strategies intended for adolescents may lie in the nature of the strategies themselves. Are they appropriate? Are they participatory? Do they appeal because they are interactive? For the answers, turn to page 23.

PS 029598

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Giving adolescents lead roles in developing concrete ARH programmes of action

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A UNFPA FIRST:
Giving adolescents lead roles in developing concrete programmes of action for ARH

The participation of adolescents in the UNFPA Inter-Country Workshop on Adolescent Reproductive Health for East and South-East Asia and the Pacific Island Countries was a historic breakthough. It marked UNFPA's maiden effort to involve adolescents in such an event in the region.

The participating countries were China and Mongolia (East Asia); Indonesia, Malaysia, Myanmar, the Philippines and Thailand (South-East Asia); Fiji, Marshall Islands and Papua New Guinea (Pacific Island Countries); and Cambodia, Lao PDR and Viet Nam (Indochina). The workshop was organised by the UNFPA Country Technical Services Team (CST), based in Bangkok.

The workshop was divided into two parts, both of which emphasised active roles for all participants through interactive panel discussions and small group discussions.

Part I: Workshop for Adolescents was held on 27-30 April 2000 for adolescent representatives (two from each participating country – one male, one female). **Part II: Workshop for Policy Makers, Programme Managers and UNFPA/UN Agency Representatives** was held on 1-3 May 2000.

Priority issues and concerns presented earlier by the adolescent representatives were assessed in the second part of the workshop. The assessment provided a basis for the development of a programme of action and strategies that were intended to guide individual countries in developing programmes and strategies at the national level.

"Society needs your help. There is very little knowledge about how adolescents view sexual relations, unwanted pregnancy, abortion, STDs, gender relations in reproductive health decision making, and male responsibility."

Why do adolescents need attention?

Adolescence is at one and the same time demanding yet promising, extremely exciting yet unsettling. To a large extent, a person's complete physical, mental, social and spiritual growth and development depend on the adolescent years.

Situation analyses of East and South-East Asia and the Pacific underscore the need to pay greater attention to adolescent welfare. Adolescents constitute some 20 per cent of the national population in some countries in East and South-East Asia, compared with 18 to 25 per cent in the Pacific countries. Clearly, there is an urgent need to provide for their total well-being, including ensuring their right to reproductive health education and care.

Current situations in different countries in East and South East Asia and the Pacific have hindered the promotion of adolescent reproductive health. During the course of group discussions, presentations and friendly dialogues, the adolescent representatives reached the following recommendations:

- strengthen existing ARH services at all levels of the health care system and develop new ones; make these accessible to adolescents and ensure that adolescents are aware of their availability
- intensify current ARH-IEC outreach activities and develop appropriate and factually accurate IEC materials for in-school and out-of-school youth
- introduce sex education in schools
- study indigenous cultural values and religious beliefs and assess their role in promoting adolescent reproductive health, instead of deterring it
- involve parents and the community in order to improve their understanding of adolescent behavioural problems
- encourage health workers, teachers and other concerned authorities to respect the confidentiality of delicate problems faced by individual adolescents.

Adolescent participants actively voiced out what policy-makers and programme managers need to do in order to respond to their problems, concerns and needs.

Part I of the workshop focussed on RH issues, concerns and needs; factors accounting for the adolescents' current knowledge, atittudes and behaviour concerning sexual and reproductive health and the health consequences of high risk behaviour. The adolescent representatives, who were selected by the UNFPA Country Offices jointly with relevant youth organisations, based their presentations on pre-workshop consultations and small group discussions with in-school and out-of-school adolescent groups in their countries.

In his welcome address, Mr. Ghazi Farooq, Director, UNFPA Country Technical Services Team for East and South-East Asia, impressed upon the adolescent representatives their important role. "Society needs your help," Mr. Farooq said, stressing that "there is very little knowledge of how adolescents view sexual relations, unwanted pregnancy, abortion, STDs, gender relations in reproductive health decision making, and male responsibility."

Information and services should be made available to adolescents, Mr. Farooq said. He added that young men should respect women's self-determination and share the responsibility for matters concerning sexuality and reproduction.

Policy-makers, programme managers and UNFPA/UN agency representatives are shown jointly formulating action plans and programme strategies to address the youth's concerns, needs and problems.

In her welcome address to participants of the second workshop, Ms. Imelda J.M. Henkin, UNFPA Director for Asia and the Pacific Division, cited UNFPA's emphasis on the promotion of adolescent reproductive health. She noted that globally the majority of men and women become sexually active during adolescence. However, young people's knowledge of reproduction and sexuality is largely inaccurate. They also have no access to reproductive health information and services, including contraception.

Ms. Henkin reported that some 14 million children are born to adolescent women each year. The physical immaturity of many of these young mothers increases the risk of death or serious disability. Pregnancy-related complications are among the major causes of death for girls aged 15 to 19. One out of every 20 adolescents contracts a sexually transmitted disease each year. Half of all new HIV cases – over 7,000 new infections each day – are among young people aged 10 to 24.

Ms. Henkin noted that Asia's current generation of more than 660 million young people aged 15 to 25 is the largest that the region has ever seen. "Growing up behind them are another 600 million children under the age of 14. These are not just huge numbers, they are Asia's future. Young people's decisions today will determine not only their future, but the future of their countries." Reiterating a key UNFPA message, Ms. Henkin said that adolescents must make their own choices. She cited the role played by sexual education in guiding them to right decisions.

"Young people's decisions today will determine not only their future, but the future of their countries."

Ms. Henkin said that equality between men and women means that their rights are the same, although their roles and responsibilities differ. She stressed the need for young women to have access to reproductive health services and called on all men to take responsibility for protecting women's reproductive health as well as their own.

The direction for ARH programmes was addressed by Senator Dr. Prasop Ratanakorn, Secretary-General of Asian Forum of Parliamentarians on Population and Development, Bangkok. He called on the UN and donor agencies for technical and financial support to help the region build a better world for its adolescents. Dr. Prasop added that cultural diversity, among other factors, has influenced variations in strategies and plans of actions. Dr. Prasop said that Thailand's policy is to decentralize the management of programmes of action which have been designed by local authorities, taking into account local cultures and other important considerations. He called attention to the introduction of compulsory education from 6 to 12 years and the promotion of life skills education throughout the country, including the development of a teaching manual for life skills for AIDS prevention.

A culminating point for the two-part workshop was the presentation of programmes of action and programme strategies involving joint participation of adolescents and policy makers, as well as programme managers.

EAST ASIA

China

Recommendations were presented in support of nation-wide implementation of the ARH programme and expansion of existing ARH pilot projects, including the social marketing of condoms to other cities besides Shanghai and Beijing. The recommendations included the strengthening of advocacy to create a supportive environment, promotion of IEC on adolescent reproductive health and development of relevant skills, provision of necessary services (such as needs assessment, development of standards and establishment of additional service points); sharing of experiences nation-wide and with other countries through seminars and study tours; identification and generation of funding and other resources. It was proposed that lead roles be played by the Ministry of Education, Ministry of Health, State Family Planning Commission, China Family Planning Association and youth organisations.

Mongolia

Four strategies were proposed, including the production of high quality IEC materials, integration of sex and adolescent reproductive health education into the curricula of teachers colleges and medical institutions; introduction of complementary information education involving NGOs; and restructuring of existing ARH services and ensuring their sustainability.

PACIFIC ISLAND COUNTRIES

Priority ARH needs in the Pacific are largely in the areas of IEC, health services, policy making and programme implementation.

IEC: Awareness of ARH issues and concerns should be promoted utilizing different means, including traditional media, and tapping youth involvement and their initiatives, both in-school and out-of-school.

ARH services: Existing services should be assessed and, where necessary, new ones should be introduced. Priority should be given to services that are designed for client-friendly settings. These should be carried out by especially trained service providers who can ably respond to the needs of adolescents and, at the same time, enhance their life skills.

Policies and programmes: To effectively implement ARH policies and programmes, relevant policies, legislation and regulations should be reviewed, revised, and reinforced. Where necessary, new ones should be passed and enforced.

SOUTH EAST ASIA

Highlighting the proposed strategies were the need to promote life skills using revised school curricula and involving parents' associations, school networks and religious groups; adopt a peer educator approach to training and counselling; involve all possible media and other delivery channels, such as hotlines and websites; use hard data in advocacy efforts to convince policy makers and planners; and adopt a holistic approach to promote health services. A life cycle approach was recommended to promote healthy lifestyles, expand health-promoting schools, and build partnerships with all stakeholders through the sharing of best practices. The principal actors in these activities are adolescents, parents, governments, policy makers, donors, NGOs, the private sector, media professionals and service providers.

INDOCHINA

Foremost of the actions recommended was to strengthen advocacy at all levels by disseminating ARH information using the mass media and existing networks, conducting quantitative and qualitative ARH research, assessing the socio-economic impact of ARH problems, developing advocacy kits, and showcasing successful demonstration sites and projects.

Other recommendations included youth involvement in developing materials and similar activities, establishment and promotion of youth-friendly services, provision of necessary training, paying greater attention to youth with special needs, strengthening of collaboration with policy makers, programme managers, UN agencies, NGOs and the private sector, and undertaking relevant follow-up actions.

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BANGLADESH

Adolescent girls face higher health risks

In Bangladesh, inadequate health care and services place at great risk the 35 million adolescents (aged 10-19) who make up a little less than a quarter of the country's total population. Exposed to a range of undesirable health and social conditions, adolescent girls are particularly vulnerable.

Dr. M.A. Bashed, consultant embryologist at the Infertility Treatment Research Center in Dhaka, explains why this is so.

(i) Typically, menarche occurs late due to poor nutritional habits. However, early marriage and pregnancy are common. Up to 15 per cent of births among teenage mothers occur before they have achieved full physical development, adversely affecting their general health, damaging their reproductive organs, and sometimes causing death. The mortality rate among adolescent mothers and their children is twice that of older mothers and their children.

(ii) Regardless of their marital status, one in ten adolescent girls is a mother, compared with one in every four married adolescent girls.

(iii) It is estimated that 20 per cent of all rape victims are under the age of 16.

(iv) Adolescents account for 20 per cent of all sex workers.

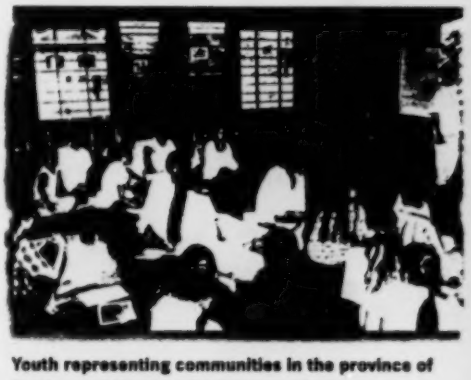
(v) Young women are more prone to HIV infection because of their vulnerable physique; often they are unable to refuse sexual contact or to insist on condom use. Early sexual activity is known to cause cervical problems.

CAMBODIA

The RHI success story

Three local agencies in Cambodia, namely the Phnom Penh-based WOMEN and SUPF and Kratie Youth Association (KYDA) in Kratie Province have joined forces with Save the Children Fund (UK) in the UNFPA-funded Reproductive Health Initiative (RHI) Project.

The project reaches out to some 30,000 school drop-outs (aged 12-25) in slum areas in Phnom Penh, Preak Prasap and Kratie district. Its goals: to improve their knowledge of HIV/AIDS, develop positive attitudes concerning health care and facilitate access to materials on HIV/AIDS/STDs prevention and birth spacing methods. A special target is to help young women develop positive control over their decision-making on matters that concern their reproductive health.



Youth representing communities in the province of Kratie participate in the annual review of the RHI project.

In its first year of implementation, the project has yielded encouraging results in various aspects of its work.

Capacity Building

Training and supervised outreach work in target communities, enabled peer educators from the implementing agencies and representatives from other agencies to strengthen their self-confidence and ability to perform their often difficult work. Among the capacity building exercises were training programmes that dealt with RH awareness raising, HIV/AIDS/STD prevention and birth spacing methods. The training included the following:

(i) **Reproductive Health for Youth,** held on 16-17 November 1998 by teaching staff at the National Center for Health Promotion (NCHP). Another course on the same subject was held in December for other Cambodian agencies involved in the RHI.

(ii) **Community Outreach Technique,** conducted on 21 December – 5 February on alternate weeks to allow trainees to engage in field work and put into practice the previous session's lessons.

(iii) **Basic Project Management,** conducted for three weeks over a seven-week period (March 22-26, April 19-23 and May 10-14). To further strengthen general management capacity, the implementing agencies also arranged training in computer, communications and basic administration.

(iv) **Life Skills** course focussed on positive decision-making with respect to RH issues.

(v) **Refresher Training on Birth Spacing,** conducted on 5 May 1999.

Attendance in regional training further enhanced the capacity building of the implementing agencies. These included the following:

(i) **Mekong Sub-Regional Training Workshop** on using gender-oriented PRA to promote HIV/AIDS awareness, held 1-6 October 1999 in Thailand and hosted jointly by Asian South Pacific Bureau of Adult Education, AIDS Education Program and AIDS Net;

(ii) **South to South Collaboration Seminar on Community Approach in Reproductive Health** held in the Philippines on 19 May 1999; and

(iii) **Fifth International Congress on AIDS in Asia and the Pacific** held in October 1999 in Kuala Lumpur.

Links with other NGOs

SCF has initiated contacts with other RHI-participating agencies in Cambodia and has invited their participation in the training courses.

SCF is an active member of the HIV/AIDS Coordinating Committee (HACC) in Phnom Penh, which is working towards facilitating collaborative HIV/AIDS prevention efforts. Under SCF's leadership, public awareness programmes have been organised, including those held before and during the Water Festival in Phnom Penh.

LESSONS LEARNED

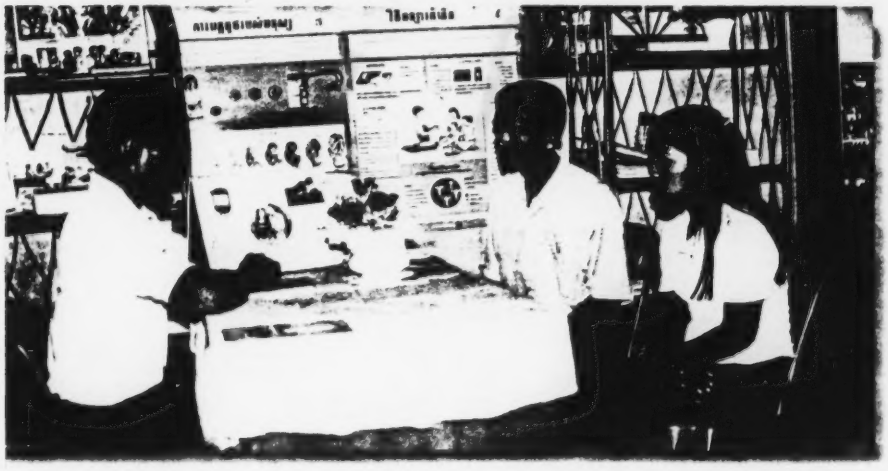
Experience is always the best teacher and the first year of the RHI teaches valuable lessons. These concern the following issues:

1	***Language barrier has prevented the project from reaching Vietnamese people residing in the target areas in Phnom Penh and Kratie.***
2	*Condoms from the National HIV/AIDS Department have not been been supplied on a regular basis.*
3	*HIV/AIDS blood test in Kratie province has yet to be made available.*
4	*Security has become a problem in some communities in Kratie.*
5	*Often, it is poverty that hinders the target groups from achieving positive behavioural change. However, their request for financial assistance to pay for transportation costs to the clinic as well as for food (in the case of HIV/AIDS patients) cannot always be supported.*

Gender

Responsibility for reproductive health is shared between the male and female partners. This was the overriding message of work carried out by special project staff working on gender matters. The SCF Team is composed of a leader and three project officers, while the implementing agencies hired a team of peer educators composed of 15 girls and 15 boys. Together they have reached a total of 1,378 boys and 1,058 girls in the target areas and have made youth referrals for HIV/AIDS blood test and STD treatment.

To reach out to the over-25-year old group, the implementing agencies distributed IEC materials, including HIV/AIDS/STDs and life skills booklets and leaflets, condoms, calendars, T-shirts, and caps.



Cambodian youth seeking information and counselling on HIV/AIDS/STDs from peer education.

Success Stories

Signs of success provide evidence that the project is on the right track. Some examples:

(i) Development of constructive relationships among staff and personnel from SCF, the National Centre for Health Promotion and key provincial departments, such as the health and provincial AIDS office in Kratie.

(ii) Improved self-confidence among peer educators, especially girls, enabling them to handle difficult situations, as for example, when mothers question the benefit of having their daughters' participate in HIV/AIDS/STDs awareness campaigns.

(iii) Positive attitudinal changes concerning the provision of sex education for children in the target areas, as peer educators gain the community's recognition and acceptance.

(iv) More open discussions in the community about safe sex and related issues.

(v) Increase in the number of young people seeking information relating to HIV/AIDS/STDs and birth spacing methods.

Help to Garment Workers

To enable greater participation by young garment workers in efforts to improve their reproductive health, CARE and its local partners are collaborating in a reproductive and sexual health needs assessment study within the framework of the EC/UNFPA Initiative for Reproductive Health in Asia (RHI). The local partners are the Cambodian Health Education Development, the Reproductive Health Association of Cambodia and the Women's Development Association.

Participatory learning and action (PLA) was used as research tool to study the target group's knowledge, attitude and behaviour concerning sexual health. The project's experience to-date offers valuable lessons. For instance, simple messages on sexual and reproductive health have been rendered inadequate, considering the sensitivity of the topic and traditional beliefs and false rumours that undermine the project's objective.

The first year of the EC/UNFPA funded project is documented in two publications: "Sewing a better future" and "PLA tools in action". Both can be obtained from CARE Cambodia. E-mail: <care.cam@bigpond.conm.kh>

Further information about the EC/UNFPA RHI Project can be obtained by writing to the following E-mail address: <mailto:rhi info@asia-initiative.org>

E is for entertainment in IEC

"E" stands for entertainment, an essential feature of IEC services provided to young people by the Reproductive Health Association of Cambodia (RHAC). RHAC is an active NGO that provides RH services especially for your people. These include counselling services and free medical treatment to unamarried youth under the age 25. Young people's libraries have been set up in all five RHAC clinics throughout the country.

RHAC has intensifed the recruitment and training of peer educators. As a result, the number of education sessions in schools and community centres has increased, attracting up to 200 participants for each session.

An entertaining presentation engage the attention of a young audience.

Contributing to the growing popularity of RHAC's regular quiz shows is the coverage provided by Khmer television. Between January and March 2000 alone, five RHAC quiz shows were held, with as many as 2000 people attending. During the same period, RHAC helds its first ever quiz show for out-of-school youth, adding another dimension to RHAC's new range of interactive RH services.

INDIA

PERC NEHU makes a mark in northeastern region

The local people in India's northeastern region are the direct beneficiaries of activities carried out by the Population Education Resource Centre (PERC) in North Eastern Hill University (NEHU), Shillong.

PERC NEHU is one of 17 such centres established nation-wide. It serves nine universities in the northeastern region. Through awareness campaigns, focus group discussions, extension work and participatory training programmes, PERC NEHU generates greater awareness of issues concerning population, environment, health and related topics.

The target groups include teachers, students, policy makers, government officials and the community at large.

The importance of reproductive health, sex education and issues related to ARH underscores PERC NEHU's activities.

In March this year, a workshop was organised in collaboration with the Department of Adult Education, Manipur University. The participating students and representatives from population education clubs, the National Service Scheme and other relevant groups addressed the need for greater public awareness of ARH and for the correction of misconceptions.

Also held in March was a PERC NEHU/Kolasib College collaboration in the form of a participatory training programme for students, women's organisations and volunteer groups.

During the academic year 2000-2001, PERC NEHU and Assam University will collaborate in a series of activities in adolescent education, environment, reproductive health and AIDS awareness. The activities will involve three colleges in the three districts of South Assam.

DARC brings bright days for West Bengali youth

As a result of initiatives by the West Bengal Voluntary Health Association, much of the responsibility for communicating general health and HIV/AIDS prevention messages among West Bengali youth now rests with District AIDS Resource Centres (DARC), with assistance from local NGOs.

The findings of a knowledge, attitude and practice (KAP) survey noted positive changes in their project's target youth. *(See following article).*

About 80 per cent of the student respondents, averaging 18 years of age, were in the 11th and 12th grades and were attending high school and colleges in the districts of Howrah, Murshidabad, Hooghly, Calcutta, Nadia, Midnapore, Jalpaiguri and Birbhum.

The survey showed an increasing number of students' who volunteer for social work to promote HIV/AIDS awareness.

There were district-wise variations in the findings, reflecting inconsistencies in the content and quality of DARC's communications activities. Sex-wise variations were also noted, particularly the poor awareness levels seen among the female students after the communications activities. The need to strengthen communications was evident in areas where little change in the students' KAP levels was reflected. These considerations will be incorporated in future DARC programmes.

AIDS News is published by the West Bengal Voluntary Health Association.

Profiling the West Bengali youth after DARC

- **General Awareness and Knowledge of HIV/AIDS**

(i) Familiarity with the acronym AIDS was observed among over 93 per cent of the students, while the full meaning of AIDS became known to 77 per cent, up from 39 per cent.

(ii) Up to 50 per cent of the respondents learned that HIV symptoms are not always physically visible, up from 40 per cent.

(iii) The absence of a cure for AIDS became known to 70 per cent of the respondents, up from 38 per cent.

(iv) Awareness of the increased risk of infection from having multiple sex partners increased from 85 per cent of the respondents to 93 per cent.

- **HIV/AIDS Transmission**

(i) Condom use as a safe method for preventing AIDS became known to 88 per cent of the respondents, up from 75 per cent.

(ii) Transmission of AIDS through sexual contact among heterosexuals became known to 96 per cent, up from 87 per cent; 78 per cent learned that sexual contact among homosexuals can also transmit AIDS, up from 59 per cent.

(iii) Awareness of placental transmission increased from 81 per cent of the respondents to 92 per cent.

(iv) Ninety per cent of the respondents learned that HIV infection can be spread by using infected needles; mosquito bites as another means of transmission became known to 76 per cent.

- **Sex Education**

(i) Up to 93 per cent of the respondents favoured AIDS education for the youth. 92 per cent of the respondents gained better understanding of AIDS victims. Up to 65 per cent agreed that the identity of HIV-infected persons should be kept confidential.

(ii) Some 80 per cent of the respondents became aware of the increased vulnerability of people with AIDS to other diseases.

(iii) The harmful impact of AIDS on the national economy became known to 85 per cent of the respondents.

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Families with adolescent members need special counselling services

To strengthen counselling for families with adolescent members, the Indonesian Government has introduced a special project in 12 districts and 32 sub-districts in the provinces of DKI Jakarta, West Java and DI Yogyakarta. Supporting the project are its three pillars, namely counselling centres, schools and parents' groups. Adolescent reproductive health has been integrated in the activities of all three.

The four-year project, which is executed by the Bureau of Non-Physical Family Resilience (BINOF/BKKBN), assisted by seven national NGOs, completed its pilot phase in December 1999.

A technical assistance and backstopping mission fielded in November 1999 cited the contributions made by strong leadership at the provincial level and NGO support to the project's achievement of its objectives.

The team, which was led by Mr. Francisco Roque, Adviser on Adolescent Reproductive Health and Education, offered recommendations for future action. Noting that major political and economic crises may have affected the project's outputs, the team proposed a four-year extension in the three pilot provinces. The extension will give the project sufficient time to develop and mature and further strengthen linkages among the BKR, schools and counselling centres.

The extension will also allow a review of training manuals, guidebooks and curricula, and the introduction of improvements in project monitoring and supervision and in the production and supply of IEC materials to BKRs, schools and counselling centres. National/local experts will be approached for their support in the project's implementation and in strengthening the quality of outputs.

PROJECT OBJECTIVES

Develop a basic strategy on family counselling for parents and adolescents

Design an education programme for adolescents

Prepare guidebooks and manuals for counsellors

Set up three Reproductive Health/ Family Welfare (RH/FW) Counselling Centres

Organise 80 community groups in the project sites

Train 18 national master trainers and 70 project personnel on the counselling programme, and train 650 teachers and religious leaders in counselling techniques and problem-solving approaches

A BRIEF LOOK AT THE PROJECT'S THREE PILLARS

Counselling Centres

The ARH programme was introduced in three RH/FW counselling centres and in 12 additional counselling centres in DKI Jakarta, West Java and DI Yogyakarta. Counselling by telephone and postal mail has proved more popular compared with face-to-face counselling services which are run by NGO volunteers. The centres' limited opening hours may account for this.

Schools

The ARH programme was implemented in 21 primary schools, 67 lower secondary schools, 66 upper secondary schools and 25 vocational schools. ARH concepts have been incorporated in such subjects as biology, religion and social studies by teachers trained by BKKBN or PKBI as counsellors. Supplementing their work are outside lecturers who address different reproductive health issues.

ARH concepts are also dealt with by the schools' counselling units that serve both students and parents.

Parent's Groups

Community-based parents' groups (BKR) provide a forum for discussing and resolving issues regarding child development and community affairs. Unresolved problems are referred to clinics and counselling centres or the police, based on the nature of the case. Village leaders, teachers, and volunteer housewives and mothers run the BKR, under the supervision of the family planning and welfare programme of individual villages. The BKR provides opportunities for women to develop their problem-solving and decision-making skills.

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Adolescent Health – a continuing challenge in Iran

Iran's 1996 national population census places the adolescent population at 16 million, accounting for some 27 per cent of the total population and almost equally divided among male and female.

The responsibility for health services and health education rests mainly with primary health care (PHC) networks. Covering 85 per cent of the country, the PHC networks consist of health centres in urban areas and of health houses in rural areas. Their integrated services cover school health, disease control and prevention, family health, oral health and so on.

Much has been achieved over the years, particularly as a result of a project that made adolescent health an independent programme in the PHC networks. Some highlights:

(i) Adolescent health has been included in school-based health education. Adolescent physiology, personal hygiene and nutrition are priority topics for universities and medical science schools.

(ii) Health monitoring of students (aged 6-14) has become an important school activity. Health check-ups include visual and hearing disorders, oral health problems, anemia, and physical abnormalities.

(iii) A national plan of action to improve health check-up for first graders in guidance school has been implemented since March 1999, with assistance from medical and paramedical students.

PROFILE OF IRANIAN ADOLESCENTS

(i) About 60 per cent reside in urban areas and 39.3 per cent in rural areas

(ii) The illiteracy rate is 4.55 per cent, predominantly among female adolescents and adolescents in the rural areas

(iii) Up to 71.6 per cent are students, of which the largest group is composed of urban-based males (aged 10-14)

(iv) About 98.2 per cent of male adolescents and 90.1 per cent of female adolescents are unmarried

(iv) Joint projects were launched, including a national project launched in 1995 in collaboration with the Ministry of Education to promote population education in secondary schools and a collaborative health education activity among sports teachers in 12 guidance schools in Tehran.

(v) A national vaccination programme for students (aged 14-16) served some 99.6 per cent of the adolescent population within four years.

(vi) A campaign was implemented nation-wide in 1997, with support from the Ministry of Health and PHC networks, providing worthwhile leisure activities for young people. The campaign was launched in 1996 in 11 provinces.

In the provinces of Azarbayejaan, Ghazvin, Esfahan, and Fars, a pilot project on adolescent health has gone ahead with training health workers and health communicators, preparing health materials, selecting implementing health centres, coordinating different but related sectors in the four provinces. Also going on are a review of existing data on target audiences and finalisation of two national studies on the physical and psycho-social aspects of adolescence.

However, further efforts to promote adolescent health are constrained by cultural and religious barriers to sex education, inadequate collection of data on adolescent behaviour and needs, poor sectoral collaboration among governmental agencies and NGOs, duplication of activities among different sectors, and lack of relevant legislation to ensure effective adolescent health care services.

Approaching AIDS education for teenagers interactively

In Malaysia, the Soroptimist International Club of Bangsar (SICB) has made positive changes in the lives of many adolescents through an AIDS Education for Teenagers Project which it launched in 1994.

The SICB project advocates an interactive/participatory approach and takes into consideration cultural and religious sensitivities of Malaysian society, as well as psycho-social aspects of adolescent life. A focus of emphasis is gender equality so that young girls can build their self-confidence and self-esteem.

The project's interactive approach is incorporated in the SICB training manual for facilitators of one-day workshops for teenagers. The manual concentrates on three main topics: AIDS information, sex education and care of and support for people with AIDS.

Recognising the importance of parental guidance, SICB has developed a new programme, *Parents' dialogue on sex education to prevent AIDS among teenagers.* Common questions asked by teenagers during such dialogues concern AIDS transmission, condom safety, pregnancy, how to refuse unwanted sex, how to discuss sex issues with one's parents and access to information on AIDS. By comparison, parents raise such questions as the right age to begin their children's sex education, religious considerations in sex education and the danger that sex education may encourage promiscuity.

Getting to know one another – an essential first step in SICB workshops.

SICB is encouraged by the parents' agreement that sex education should begin as soon as the need for it arises, while also recognising the need for their preparedness to give correct and satisfactory answers about sex.

Typically adolescents participating in SICB's one-day workshops for teenagers seek advice on hypothetical situations (See box).

SICB workshop participants carrying out a group activity.

"If you love me, you will have sex with me..."

Females respond with anger, while the usual male reaction, 'why not?' reflects traditional male chauvinism among Asian youth, often leading to risky behaviour.

"I'm so in love with my boyfriend. He wants to have sex every time we are together. I'm not ready for it but I don't know how long I can keep refusing him. I don't want to lose him, please tell me what to do."

Females offer a variety of excuses: 'I am afraid my mother will find out,' 'I am afraid of getting pregnant'. Males, on the other hand, refuse to recognise the problem and argue that 'boys will always want to test the limit and it is the girls' responsibility to refuse their advances.'

Help is at hand for Maldivian adolescents

Currently being drafted by the Population Policy Coordination Committee under the Ministry of Planning and National Development is the National Population Policy. Its priority concerns include the health needs of the country's largest population groups: children and adolescents.

According to the 1995 census, children below the age of 15 constitute 47 per cent of the total population, while adolescents (aged 15-19) account for 19 per cent. Fourteen per cent in this age group are married, explaining the need to raise the age at marriage from 16 to 20 years, a major goal of the National Population Policy.

Lifestyle-related conditions are associated with problems faced by Maldivian adolescents. Many are sexually active, as evidenced by growing problems related to early sex, marriage and pregnancy and unsafe sexual practices. Some have been penalized for engaging in extra-marital sex, a criminal offence in this Muslim country.

The inclusion of population education in the primary and secondary school curricula is an important response undertaken by the Maldivian authorities as part of the Population Education Project, launched by the Government in 1984 with assistance from UNESCO and UNFPA. Population education has been completely integrated into the Environmental Science curriculum for grades 1 to 5, and into the Dhiveli, Social Studies and General Science curriculum for grades 6 to 7.

In its current phase, the project is updating the curricula for grades 1 to 7 to adequately reflect post-ICPD concerns. In this connection, the Educational Development Centre, one of the project's implementing agencies, held a workshop in late 1999 to familiarize teachers with ICPD issues and population education messages.

Another focus under the current phase is incorporating population education into the secondary and higher-secondary curriculum. For grades 8 to 12, population education will be integrated in the Dhiveli and Islam textbooks. Under production are a population education handbook for grades 8 to 10 and a population education reference book for grades 11 to 12.

Another implementing agency, the Non-Formal Education Centre (NFEC), is actively reaching out to adolescents, particularly those who are out-of-school. To deliver its population education messages, the NFEC has prepared a handbook on adolescent reproductive health and has organised adolescent counselling sessions with the help of locally-based resource persons. Other NFEC programmes include the Condensed Education Programme (CEP), which aims to condense the curriculum for grades 1 to 7 into a three-year programme intended for out-of-school adolescents. The NFEC is also preparing CEP-specific textbooks.

Indeed, concern over the health of adolescents has emerged as a priority for government action. Among the many government agencies that are playing key roles are the Ministry for Youth and Sports, the Department of Public Health and the Narcotics Control Board.

Activities organised by the Narcotics Control Board include awareness exhibitions, such as those shown here.

MONGOLIA

Remarkable strides in promoting adolescent health

Since its approval in 1997 under Mongolia's 30th State Resolution, the National Programme on Adolescents and School Children's Health, has forged effective collaboration among decision-makers in the health and education sectors. It has also redesigned legal documents that provide direction to adolescent health policies.

Encouraging progress has been achieved in other areas. Specific lessons on health education are now being taught on a trial basis to grades 1-10. A working group has been formed to further study appropriate lessons, content and teaching methodology.

At the national level, six health-promoting schools have been set up to create health-promoting environments for students, teachers and staff. Fifty other schools have expressed a desire to become health-promoting schools.

The Government's concern is well placed. Costs of medical and health services for adolescents, who account for 24 per cent of Mongolia's population of 2.3 million, have been increasing. Sixty to 70 per cent of all adolescents suffer from poor physical health, causing concern about further rises in the morbidity rate which currently stands at 742 cases per 1,000 adolescents. A 1997 KAP survey conducted by WHO among Mongolian adolescents showed that 78 per cent have inadequate health knowledge and that only 10 per cent observe healthy practices.

In Mongolia, health-promoting schools are gaining strong interest among community members, including young students.

Mongolian Media at Work

The role of media professionals as strong change agents was the focus of a WHO-funded workshop, organised in November last year by the Health Management Information and Education Centre in collaboration with the Ministry of Health and Social Welfare (MoHSW). In attendance were members of the Mongolian press and mass media. The workshop dealt with the content and delivery of adolescent reproductive health messages.

A group photo of the media workshop participants together with resource persons and workshop organisers.

A "sharing session" with media correspondents gave an opportunity to encourage and strengthen interactions between health staff and media professionals, as well as to broaden media professionals' knowledge of adolescent health. Each branch of the media made brief group presentations on selected adolescent health issues.

Looking into the minds of Mongolian youth

Although HIV/AIDS cases in Mongolia are few and far between, the country is vulnerable to its spread because of the increasing incidence of STDs, growing number of commercial sex workers, and thriving border trade with neighbouring countries.

A knowledge, attitude and practice survey of young persons (aged 15-25) was carried out to determine their knowledge of reproductive health and STD/HIV/AIDS and their information needs. On the study team were Dr. Ts. Sodnompil, Director of the Health Management Information and Education Centre (HMIEC), N. Oyungerel, and medical researchers, B. Bulganchimeg, S. Enkhtuya and B. Reilley.

SUMMARY FINDINGS OF THE KAP SURVEY

Sources of information. Information on RH and STD/HIV/AIDS is inadequate, with the youth depending mainly on radio and television. Young people are reluctant to consult their parents and elders for fear of embarrasing them. Other preferred sources of information are health specialists and organisations. Information provided by friends is considered unreliable. The need to improve health education at the secondary school level and to incorporate it in the university curriculum is clearly felt.

Reproductive health. Poor understanding of reproductive health and safe sex is particularly acute among young women and girls in the rural areas, giving rise to such misconceptions as abortion being the best protection and condom being a major cause of impotence.

HIV/AIDS/STDs. Misconceptions concerning HIV/AIDS transmission and prevention abound. While STD symptoms and prevention of infection are generally known among the youth, many rely on home treatment and local remedies, such as drinking pigeon's blood.

PHILIPPINES

Achieving adolescents' total well-being – an AHYDP agenda

New and diverse ways of thinking and living among the 21 million Filipinos that make up the age group 15-24 are challenging the relevance and effectiveness of the Adolescent Health and Youth Development Programme (AHYDP). The group accounts for 20 per cent of the total population.

The AHYDP response? Innovative approaches that include theater and folk media for development communication, establishment of youth-specific structures such as youth clubs and livelihood cooperatives, and provision of on-air and school counselling for the youth.

Their common goal? The adolescents' total well-being, covering their physical, mental and spiritual health and their socio-economic welfare.

The AHYDP is executed by the Commission on Population (POPCOM), with assistance from UNFPA. Adolescent health and youth development are components of the re-stated Philippine Population Management Programme (PPMP) of which POPCOM is the lead coordinating agency. In the next five years, the PPMP aims to reduce the incidence of teenage pregnancy, early marriage and other reproductive health problems.

Providing a measure of AHYDP's success to-date are 18 innovative projects, which have been developed and implemented in partnership with local government units, government and non-government organisations, and youth organisations. Two have been particularly successful and now provide valuable lessons about the participation of youth, parents, teachers and other influential individuals in implementing project activities.

One of the projects is the Foundation for Adolescent Development (FAD), a school-based project that concentrates on training

student leaders and peer facilitators/ counsellors in the planning, monitoring and evaluation of adolescent-targeted information and counselling services that cover their health, sexuality and development.

The other project is the use of theatre and folk media to strengthen and mobilise the youth in the Cordillera Administrative Region. This led to the creation of a theatre in the area and the training out-of-school youth in producing 'zarzuela', an old form of theatre. The resulting zarzuela productions were featured at local and national events and shown on local and national television.

Youth summer camp highlights AHYDP 1999 activities

Creative and interactive experiences – indoor and outdoor – characterised the Youth Summer Camp held in May 1999. Some 150 youth participants from AHYDP's 18 regional projects lived, worked and learned together at the camp which was sited in a clearing surrounded by 80,000 hectares of pristine forest at the Subic Bay Metropolitan Authority Quonsets.

The camp, highlighting AHYDP 1999 activities, was organised by POPCOM with support from UNFPA.

Similar youth projects and programmes have the AHYDP camp to learn from. The most important lessons are the need to ensure the correctness of information and services given to young people, facilitate youth access to education, encourage youth participation in all phases of the project cycle and adopt a collective approach to youth empowerment.

A participant from Occidental Mindoro offered to summarise the camp's effectiveness in these words: "I was a simple person from the mountains. Now I'm here with all of you and I have come to realise that I am also educated. Now I know how to plan my life."

Camp participants learn survival tricks from a jungle expert during the summer youth camp.

Fresh mountain air, fresh young ideas. At the end of a long hike were scenic mountain ranges.

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Youth zones make learning fun

The Remedios AIDS Foundation (RAF) is piloting a shopping mall-based youth learning and health centre that is aptly named Youth Zone (YZ).

The first YZ is located at Tutuban Centre Mall II in the busy commercial district of Divisoria, Manila. It was inaugurated in April 1999.

Explaining its decision to establish youth zones in shopping malls, the RAF cited the need to reach high-risk, low income adolescents, many of whom frequent shopping malls. The YZ is essentially "a project for the youth, by the youth and made by the youth."

Since its establishment in 1991, the RAF has successfuly translated its guiding principle, "prevention through education", into meaningful action. At the heart of RAF's projects is the cooperation of youth organisations and officials from nearby schools and communities.

To-date, the YZ project has served some 3,000 clients between the ages of 14 and 19, 60 per cent of whom are males.

To sustain the interest of existing YZ clients and to attract new ones, RAF has drawn up a list of carefully selected activities with the youth in mind. The list features continuous consultations, small group discussions, group dynamics, art therapy and story telling sessions.

Youth facilitators have been trained to serve both at the centre and at the community level.

Complementing the Tutuban Youth Zone is the provision of direct clinical services through "Kalusugan@com", located within the vicinity of the Tutuban Centre.

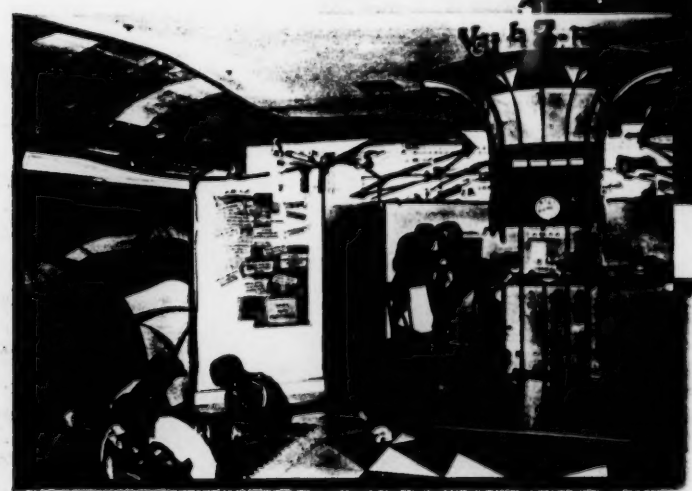
The introduction of an on-line chatroom known as #YOUTHZONE, further strengthens the RAF's appeal. The chatroom is operated daily from 1 p.m. to 6 p.m. by managers adept in providing ARH counselling services. In the first eight months of its operation, the highgly interactive #YOUTHZONE has entertained 1010 counselling sessions.

Further information is available at the following URLs:

<www.remedios.com.ph>
<www.youthzone.com.ph>

Youth Zone's colourful logo.

Youth Zone staff members.



Youth Zone visitors find the YZ Internet Chat appealing and engaging.

20

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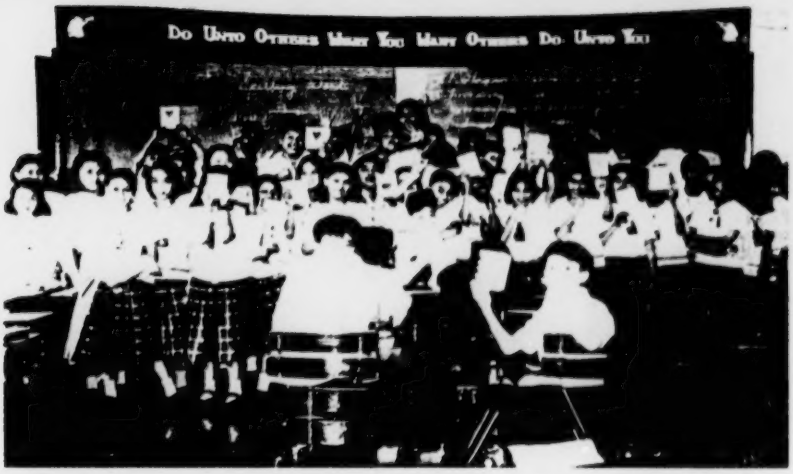


Proudly displaying their valentine card entries are the young contestants in Youth Zone's Valentine Card Contest.

The Youth Zone Dance Revolution Contest was attended by over 500 teenagers. Each dance group was asked to deliver health reminders to the young audience prior to performing its dance number.

Story telling at the Youth Zone.

The world needs more SexTers

"It's a SexTers' World." FAD issued the declaration at its 2nd Student Congress on Sexuality, which was held in November 1999.

But what is a SexTer? Over 1000 congress participants from 40 colleges and universities in Metro Manila came to hear FAD's answer: *SexTer stands for 'socially, emotionally, and sexually responsible teener'.*

As the SexTer's Pledge states, sexuality covers a person's awareness of sexuality, its influence on the development of individual personality and relationships and its role in child rearing and upbringing.

An innovative talkshow enabled the congress participants to share their common concerns. The talkshow was conducted by noted experts in adolescent health and sexuality.

THE SEXTERS PLEDGE

I, (state your name), pledge to be a responsible teener, conscious of my personal worth as a person and as a Filipino.

I promise to keep my heart clean and my mind clear, to marshal my innermost strengths to be the best that I can be.

I swear to be steadfast amidst problems and difficulties that may afflict me and my loved ones, knowing that my future will depend on how I meet the present.

I vow to be a sexually responsible person, aware of the drives that may becloud my judgement, so I may do no harm to others, to my community or to myself.

I pledge to develop my potential for leadership and worthy citizenship and welcome every opportunity to assist and inspire my companions.

I commit myself to do "what is right and just in all my dealings with others, conscious always that I shall be answerable for my life, not only to my fellowmen, but to the Greater Power that is the origin of my being."

I make this commitment in front of my peers and school advisers, and in the name of my parents, my instructors, and my comrades, for these are the teachers who help to mold me.

And I accept this challenge to be a true SexTer. So help me God!

A tool for student leaders

As a strategy to sustain student leadership, FAD has produced "A Guide for Trainers and Facilitators on Adolescent Sexuality, Health and Development." Designed as a training module for student leaders to train their successors, it pivots on the belief that student leaders are key to the transfer of knowledge and skills.

The package includes an introduction to the trainers' guide, referral agencies, references and examples of unfreezers or activities to lighten up the day's programme.

The guide's nine modules are as follows:

Opening activities

Overview of the campus-based programme on adolescent sexuality, health and development

Understanding human sexuality and the stage of adolescence as a period of transition

Rediscovering yourself

Reproductive health and teen sexual concerns

Peer counselling

Group facilitating

Advocacy

Action planning

SRI LANKA

Anuradhapura attends to adolescent needs

Four health divisions in Anuradhapura District in the North Central Province of Sri Lanka are making a difference in the lives of adolescents through efforts to promote responsible sexual behaviour among the youth. The four health divisions are in Mihinthale, Rajanganaya, Nuwargampalatha Central and Nuwargampalatha East.

With the assistance of public health midwives, the four health divisions are working towards improving access to information and services (including counselling) at the grassroots level. They are also training fieldworkers and school teachers to improve their counselling skills, enabling them to organise and conduct training and counselling programmes for youth groups, women's associations, government offices, and other groups at the grassroots level. Radio quiz programmes are being used to promote general knowledge of reproductive health. Relevant IEC materials have been developed and distributed to the target audience.

With a land area of 7,129 sq. km., Anuradhapura is the largest of the 24 districts that make up Sri Lanka. Adolescents (aged 10-24) constitute 30 per cent of the district's estimated total population of 769,000.

Adolescence of the Spring

In Anuradhapura district, the number of abortions and incidence of sexual harrassment, particularly among young mothers below the age of 19, are on the rise.

Expressing concern over the situation, a workshop, "Adolescence of the Spring – promoting responsible sexual behaviour among adolescents", called on field health officers to exercise a more dynamic role in the long-term monitoring of adolescent growth and development. Empowerment at the district level will help ensure that sexual problems among adolescents and children are handled at the grassroots level.

The workshop cited the need for greater assistance from international agencies so that adolescent problems can be addressed more effectively. The workshop was organised by Dr. W.M. Palitha Bandara, Medical Officer (Maternal and Child Health Care) in the Office of the Deputy Provincial Director of Anuradhapura.

Workshop participants at work to promote responsible sexual behaviour among adolescents.

Muiti-pronged approach to adolescent reproductive health

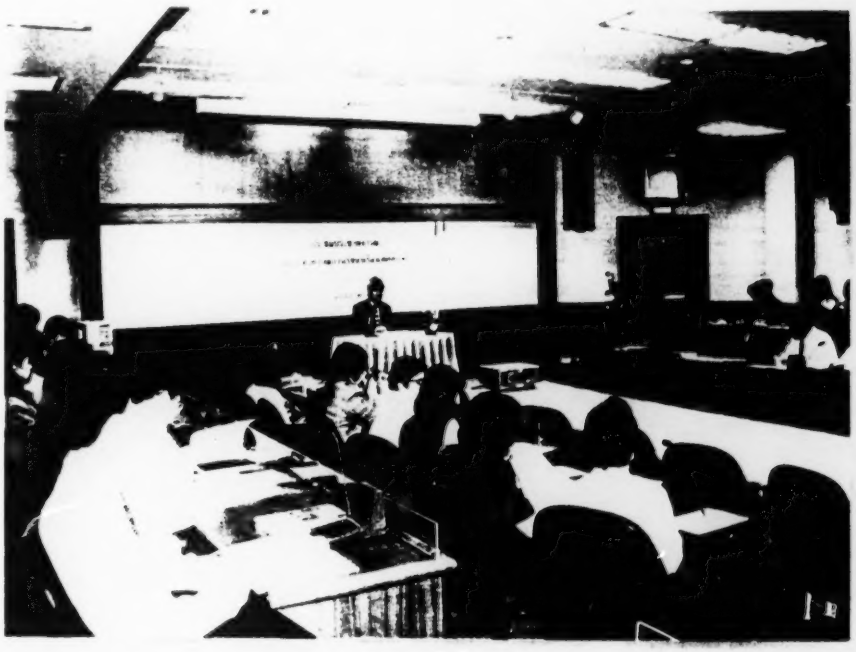
The Department of Health (DOH) in Thailand is pursuing a multi-pronged approach to promote adolescent reproductive health. Three components that stand out are school-based sex education, counselling services for couples, and counselling services for adolescents.

• Putting the barriers to sex education down

Schools offer an excellent base for teaching sex education but difficulties stand in the way. The DOH is concentrating its efforts on improving the teachers' ability to teach sex and reproductive health issues, revising the content of sex education and promoting public acceptance of sex education as a terminology and as a concept.

A structure for the sex education curriculum for kindergarten to secondary school levels is being developed by a working group formed by DOH and the Department of Mental Health (DMH). The curriculum components include human development, sexual health, sexual behaviour relations, personal skills, social and culture and gender issues. These components serve as guidelines in the development of the school curriculum by the Ministry of Education.

A meeting organised by the DOH and DMH on 22 February 2000 supported the teaching of sex education based on the needs and interest of adolescents in relation to their daily life.



Public hearing meeting on the subject of sex education.

Calendar card to advertise counselling service for adolescents.

• Counselling services for couples

Under a counselling programme launched by DOH, some 50 hospitals throughout the country are providing counselling and health services to childless married couples and to couples who are about to get married. Emphasis is placed on the concept of reproductive health care. The counselling services cover family planning, STDs, HIV/AIDS, preventable genetic diseases and sex education. Medical check-ups have also been made available at different health offices.

Innovation characterizes the DOH counselling services. To generate greater impact, DOH counselling centres are set up in selected venues, such as the district offices of the Bangkok Metropolitan Administration, to mark special occasions, like Valentine's Day. To promote the country's Amazing Thailand slogan, a Wedding Amazing festivity was held in December 1999 with DOH participation.

• Reaching out to adolescents

"Model Development to Improve Reproductive Health Services for Thai Adolescents", a nation-wide pilot project launched by the DOH, is seeking to improve the quality of and access to ARH services; strengthen networking and linkages between government agencies and NGOs; and broaden the adolescents' knowledge of reproductive health. Central to these efforts is the improvement of the content and delivery of adolescent counselling services, particularly in schools and health offices.

Counselling experts provide counselling services to couples who are engaged to be married.

Two secondary schools and two vocational schools in Nakhon Srithammarat province are serving as study sites in the implementation of sex education activities, including peer education, integrating life skills as a subject in the school curriculum, and training school teachers.

In Maharaj Hospital, Pakpanung Hospital, the Provincial Public Health Office and the Buddhist Association, efforts are focussed on improving their "adolescent-friendly rooms", a facility that offers telephone and face-to-face counselling fc adolescents. Plans to replicate "adolescent-friendly rooms" in other government hospitals are underway, taking into consideration the following issues:

(i) the need for clear policy, financial support and commitment of counsellors,

(ii) the usefulness of a survey to evaluate adolescents' knowledge of existing services and to ensure use of the most effective promotional/communications tools,

(iii) adolescents' general preference for telephone counselling over face-to-face counselling,

(iv) the need for well-trained counsellors to handle a variety of adolescent health problems, including questions related to beauty and their physique.

Government agencies and NGOs that provide counselling services are encouraged to network and coordinate their work, share their knowledge and experiences and strengthen the referral system. Like-minded local NGOs should be identified, particularly at the provincial level where only a few NGOs have the capability for counselling services.

STRATEGIES THAT SELL THE ARH MESSAGE

- ***Energizing in-school education through co-curricular or community support from the out-of-school sector***
- ***Setting up school-based counselling***
- ***Counselling through telephone hotlines***
- ***Peer group counselling and discussions***
- ***Developing IEC materials and interactive Internet discussion fora***
- ***Organising youth camps and debates***
- ***Holding competitions and campaigns in recreational places***

These are some of the communications and advocacy strategies that have been put to the test in different Asian countries. Some have proved effective, while others have failed. Why?

Seven countries provide the answers in a three-part publication on communications and advocacy strategies. The countries are Bangladesh, Iran, Malaysia, Mongolia, the Philippines, Sri Lanka and Thailand.

Booklet One presents their demographic profiles, while Booklet Two describes their advocacy and IEC programmes and strategies. Book Three expounds on the lessons learned and guidelines adopted.

Success or failure may lie in the nature of the strategy itself. Although easy to organise and carry out, some strategies have little appeal to adolescents. These include talks and lectures which derive their effectiveness from the teaching ability and communications skills of speakers, particularly when dealing with sex-related issues. Wary of giving offence, the speakers may choose to avoid in-depth discussions, reducing their talks to the level of an awareness-raising activity.

Their appropriateness to target groups places certain strategies at an advantage. These strategies include the following: (i) youth counselling centres that provide adolescent health services and information, (ii) women's organisations that carry out research on women's issues and promote women's rights, (iii) counselling and public affairs programmes on radio and television, particularly those that feature ARH advocates, and (iv) parents/teachers associations that disseminate reproductive health-related information through books and journals and other media.

Special strategies are carried out for difficult-to-reach clients. Among these are the project, Building Rural Networks on Human Rights, initiated in Thailand by the Foundation for Women; the Philippines' Information and Counselling Programme on Sexuality for the Young at the Export Processing Zone which targets the zone's adolescents workers; and "adolescent gynecology cabinets" set up by the Ministry of Health and Social Welfare in Mongolia to monitor the physical and sexual development of young women.

In Bangladesh, satellite clinics for adolescents have been set up by the Organisation of Mothers and Infants; periodic health clinics at garment factories by Nari Maitre, a women's organisation; a special clinic hour by the Concerned Women for Family Planning project site in Chittagong; and separate health clinics for adolescents set up by Marie Stopes Clinic Society.

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STRATEGIES THAT STANDOUT

- **Youth camps**

Role-playing, case discussions and quizzes are popular camp activities that can be used to teach ARSH. Camps are also ideal for special groups, including handicapped adolescents. Successful youth camps have been organised in Malaysia, the Philippines and Thailand.

- **Teaching life planning skills**

This strategy has benefitted adolescents by improving their value formation, providing correct ARSH information, and enhancing their communications and goal-setting skills.

Adolescent family life education programmes (AFLE), such as those offered by NGOs in Bangladesh, have been of special benefit to girls as their topics include safe motherhood and related concerns.

In the Philippines, the Foundation for Adolescent Development offers life planning education together with skills training in livelihood activities.

- **Hotlines**

Anonymous, immediate, and non-threatening, hotline counselling has proved popular as has counselling by postal mail and mobile units.

In Thailand, a telephone hotline service set up by the Programme for Appropriate Technology in Health utilises university students who have undergone training as volunteer counsellors.

- **Youth centres**

Youth centres in Malaysia, the Philippines and Thailand are popular because of their adolescent-friendly programmes and dependability as sources of accurate ARH information. These centres also serve as training venues for youth leaders.

Multi-Service Youth Centres set up by the Philippine Centre for Population and Development operate as "drop-in, stand-alone facilities" that provide information, counselling and referral services on ARSH.

- **Education and counselling programmes**

These include peer education and peer counselling. NGOs that offer these in Bangladesh include Breaking the Silence, the Marie Stopes Clinic Centre and the Family Planning Association of Bangladesh.

- **Training school counsellors**

A recent training initiative was provided by the Malaysian AIDS Council for school counsellors, focussing on HIV/AIDS and ARSH.

- **Youth club programmes**

Outstanding examples include programmes carried out in Bangladesh by youth clubs set up by the Directorate of Youth Development under the Ministry of Youth and Sports. An on-going programme by the Family Planning Association seeks to promote ARSH and personal hygiene among youth aged 9-19.

INNOVATIVE STRATEGIES

- **Setting up integrated service for counselling and information and contraceptive delivery in areas that are accessible to youth**

In the Philippines, the government-run Fabella maternity hospital conducts reproductive health assessments as part of annual physical check-up for 4th to 6th graders in a nearby school.

In Bangladesh, the Confidential Approach to AIDS Prevention (CAAP) is practised at a centre that serves as a confidential channel of information on HIV/AIDS prevention and provides crisis counselling, among other services. A mobile team disseminates sex education messages and provides counselling to adolescents who cannot be reached by mail or telephone.

- **Sharing of skills, knowledge and expertise**

The South-South Centre in Bangladesh facilitates and coordinates in-country and inter-country sharing of skills, knowledge, expertise, experience and innovative approaches to promote adult/adolescent reproductive health, gender and development and so on.

- **Using information technology**

Youth home pages are powerful disseminators of ARSH information. Such a page, featuring a chat room, was developed following a workshop organised by the Federation of Family Planning Associations of Malaysia.

(Continued on opposite page)

- **Promoting emergency contraception**

The Bangkok Office of the Population Council, an NGO, makes emergency contraception easily available. The contraception is a high-dose hormonal preparation that is used after intercourse. Although there is little information on its proper usage, it is popular. Publicity has been opposed by a committee in the Food and Drug Administration, fearing that it would encourage sexual relationships among adolescents.

- **Adopting/reprinting outstanding IEC materials**

Successful IEC materials should be adapted or reprinted. Some booklets published by the USAID/ AIDSCAP Service Worker Outreach Project in Thailand have been reprinted many times by various organisations.

LESSONS LEARNED

- **Policy**

Government policy provides the legal basis for programme implementation and fund-raising. Policies should be flexible and should reflect a country's cultural and religious background. Encourage youth participation in policy formulation, programme design and implementation.

- **Sound planning and management**

Measure the progress of ARH interventions using process and impact indicators. ARH programmes that have a concentrated focus are more effective than those which are offered in combination with other projects. ARH programmes should target youth from all socio-economic groups and categories.

Document and assimilate community dynamics as these influence community involvement and can transform resistance to social action.

- **Youth interest**

Interactive and challenging activities (e.g. youth camps) have a strong appeal to the youth. In teaching sex education to them, take into account a country's socio-cultural values and religious norms. Peer education has proved effective in educating adolescents.

Special youth centres should offer ARSH services.

Adolescents mut be spoken to, not spoken at. Training in communications skills should be given to ARSH service providers, including volunteer telephone counsellors.

- **Youth-specific materials**

Develop materials that specifically address adolescent needs and produce these in national languages so as to reduce dependence on translations of foreign materials. Engage expert help to ensure the accuracy and effectiveness of the materials and their translations.

Involve adolescents in conceptualizing and pre-testing materials to ensure the appropriateness of language and the style of presentation. Folk media appeal to village youth; tabloids, comic books and romantic fiction to youth workers; and television and magazines to urban youth.

Producers of quality materials should allow others to copy these freely to help ensure their ready availability. Revise and replace materials as necessary.

- **Outreach and impact**

Improve the coverage and impact of ARH programmes by using various outreach approaches, including teaching adolescent family life education. Reduce resistance to ARSH initiatives by involving legislators, parents, communities and other stakeholders in advocacy.

- **Cultural and religious norms**

Take into account religious and socio-cultural sensitivities, particularly in countries where views on ARSH are predominantly conservative.

- **Use of media**

Effective media formats include talk shows, tele-dramas, docu-dramas and televised question and answer fora. Present sensitive/ difficult topics in the form of dialogues with experts.

- **Research**

Conduct socio-cultural research and focus group studies to generate relevant qualitative information. Repackage the findings to maximize

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their impact on policy-makers and legislators.

Study the roles of peers, family members, the mass media and so on. Examine relevant socio-cultural norms. At all times, data used must be accurate.

Find out why adolescents do not make use of existing health centres. The findings will help in developing strategies to stimulate demand for health services among adolescents.

- **Strengths**

Governments and NGOs have their respective strengths. Governments have the resources, while NGOs have the facility for fast, effective and meaningful action. NGO advocacy should not be seen as criticism of government performance.

Encourage inter-sectoral interventions among the education, health and social services sectors.

- **Allies**

Make media professionals strong allies and active advocates by providing relevant training on a regular basis. Use the media to win public opinion. Parents also make good allies, particularly those who have the skill to guide their children's growth and development, particularly in relation to sexual behaviour and reproductive health.

(Continued on opposite page)

IMPLEMENTATION GUIDELINES – MAJOR HIGHLIGHTS

For advocacy strategies

- ARH policies and strategies that are widely accepted by the public are easier to implement. To achieve this, persuade education ministries to incorporate ARSH in the curriculum and forge alliances with policymakers. Use popular media to win public opinion and collaborate with like-minded agencies. Offer regular briefing and training to media professionals and work with celebrities to convey messages to adolescents, and to lobby for resources. Ensure the suitability of advocacy activities in culturally- and politically-sensitive settings.
- Conduct advocacy at the following levels: (i) policy makers, (ii) change agents (e.g. media professionals) and (iii) parents, peer groups, and youth and community-based leaders. Develop an outreach network for youth centres and set up a follow-up mechanism.
- Engage the expertise of active advocates. Approach governments, funding institutions and private organisations to support special funds for ARSH programmes.
- Make parents more sensitive to their children's needs and encourage open communications between them and their children.
- Make advocates out of the youth and organise them into strong lobby groups.

For IEC strategies

- Address the needs of adolescents as a group and as individuals, particularly those who are vulnerable.
- Develop user-friendly training materials to help programme managers overcome political, religious and cultural barriers. Improve their capability to use these materials. Encourage experimental and innovative approaches.
- Supplement adolescents' knowledge and enhance their development by teaching life planning skills and safe sexual behaviour.
- Develop materials on sensitive and difficult topics, such as the consequences of early marriage and unwanted pregnancy.
- Use appropriate yardsticks to measure impact and success by evaluating processes and intermediate results. The project beneficiaries are the living indicators of the success of any initiative.

28

Lessons Learned

Sustaining momentum

Carry out advocacy programmes based on a work plan and document them so that they can be evaluated objectively and experience can be shared.

Indicators of success

Evaluate a programme based on process indicators (e.g. community mobilization) and the effectiveness of the programme itself and its products.

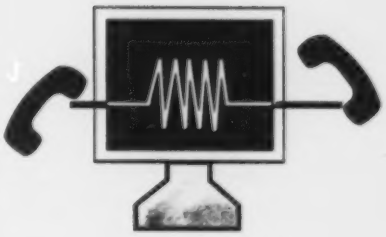
Youth-friendly education and counselling strategies

Train teachers to handle ARSH issues competently and objectively. Select teachers with the right qualifications (e.g. open-mindedness, warmth, sense of fairness). Balance the training between knowledge of adolescent problems and needs and practical skills in dealing with them. Heavy emphasis on methodology and teaching strategies reduces the attention to the content of training.

Use youth-friendly information and service delivery methods. Supplement lectures and classroom teaching with interactive techniques.

Draw up and circulate guidelines on how to better respond to adolescent needs. Service providers should have up-to-date information on adolescent needs and relevant medical issues. They should be trained to communicate with adolescents and to respect confidentiality.

Coordinate activities carried out by like-minded organisations to ensure that they are mutually supportive. Encourage the sharing of experiences and wider coverage of adolescents.

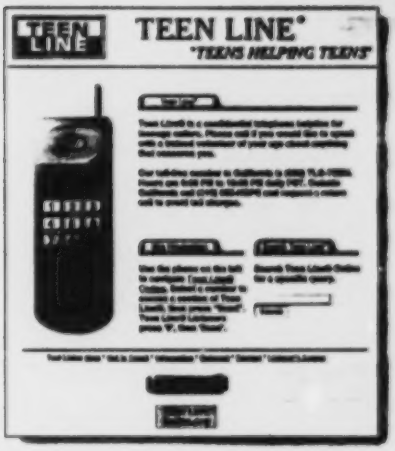


Teen Fad On-line
http://www.teenfad.ph
Foundation for Adolescent Development, Inc.
1140 R. Hidalgo St., Quiapo, Manila 1001, Philippines
Tel. (632) 734-1788
Tel./Fax. (632) 734-8914
E-mail: arts@teenfad.ph

The Foundation for Adolescent Development, Inc. offers what most teenagers want in the way of entertainment and education. The presentation is light and concise yet enlightening and entertaining. The news and features section carries the main stories (e.g. the SexTers' Congress which was attended by around 1,000 student leaders from 56 Manila universities).

"E-Mail-A-Friend" offers on-line assistance while providing entertainment. Also in this website are the "Resource Network Button," which lists agencies and organisations that provide adolescent guidance, and "Teenvoice", an on-line discussion board. Information and updates about FAD and its projects are also provided.

Documents, articles and papers on sexuality, AIDS, health and adolescent development and other topics are found in the archives.



TEEN LINE® On-line
"Teens Helping Teens"
http://www.teenonline.org
Teen Line On-line
(800) TLC-Teen (California)
Teen-line Fax. (310) 423-0456
E-mail: TeenLineCA@aol.com

Teen Line® was set up in 1981 to help teenage victims of sexual abuse, drug abuse, unwanted pregnancy, AIDS, alcoholism, depression, divorce, and those with suicidal tendencies. Yearly, this website receives over 10,000 visits. While not offering therapy or advice, it cultivates a caring relationship with troubled teeners to help them think clearly and logically. Teen Line® staff screen some 80 teenagers every year for hotline and outreach training. The lines are manned daily under the supervision of professional counsellors.

A bulletin board discusses new topics weekly and invites teeners to express their views and opinions.

HELP on-line addresses issues and questions posed by teeners in relation to abuse and violence, drugs and alcohol, relationships, eating disorders, sex and the body and so on. The Gallery displays pictures from outreach activities that are designed for 6th to 8th graders, 9th to 12th graders, teenagers, religious groups, youth groups, adults, mental health service providers, peer helpers and law enforcers. Other features are a chat room and a welcome to new volunteer listeners.

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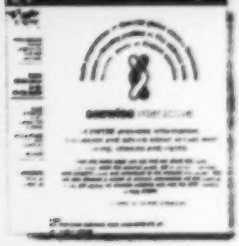

Sexwise Interactive
http://www.bbc.co.uk/worldservice/sexwise/interact.htm
BBC World Service, Bush House, Strand
London WC2B 4PH, UK
E-mail: worldservice.letters@bbc.co.uk
Tel. (+44) 20 7240-3456
Fax. (+44) 20 7557-1258

This BBC and IPPF-sponsored website provides information on sexual health and development and useful references concerning sexual and reproductive rights. The aims are to (i) improve people's knowledge and understanding of their bodies and emotions; (ii) promote discussions on sexual and social concerns; (iii) raise awareness of safe sex and STD risks; and (iv) respond to people's anxieties about sexual health and assist them to make more informed choices about their sexuality. It lists radio programmes that deliver sex education messages.

The Sexwise guide offers an overview of the project and presents opinions of different groups of people. Website users benefit from advice on such topics as puberty, virginity, menstruation, male and female contraceptives, and so on.

Global views are based on IPPF's Daily News Service, which provides latest information on sexual and reproductive health from the international media and updates on IPPF and the work of IPPF National Family Planning Associations. Two themes that are frequently discussed are sex education/rise in promiscuity and emergency contraception.

SEX, ETC.
http://www.sxetc.org
Network for Family Life Education
Rutgers University, 100 Joyce Kilmer Avenue,
Piscataway, NJ 08854, USA
Tel. (732) 445-7929
Fax. (732) 445-4154

The Network for Family Life Education teaches adolescents how to become sexually healthy and avoid STD infection and pregnancy. The network provides educational resources, training and technical assistance. It advocates comprehensive sexuality education in schools and communities.

Information is accessible through many entry points: Current Issues contains articles of interest to teenagers, including those that deal with self-awareness, sexuality, teen talk, dating, and so on; the Library provides information on abstinence, AIDS/HIV/STDs, condoms and birth control, health and happiness, to name a few topics; the Post invites teenagers to share their views on interesting questions (a new question is posted every month); Books and Links lists recommended books on sex-related topics references concerning teenage pregnancy and other websites that offer advice to teenagers.

Teeners are invited to contribute articles and interviews on a variety of topics (from dating to drugs), comments and quotable quotes and are paid $30 for every published item.

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Credits:

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ADOLESCENCE EDUCATION NEWSLETTER

BEST PRACTICE

Why do adolescents need specialized ARH services? Which of these services are the most important? How can ARH services be made youth-friendly?

What are the key strategies for promoting adolescent participation? What practical steps can be taken? In the first place, why is adolescent participation crucial?

The answers are found in two best practice case studies featured in the inside pages (pp. 20-26).

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NEW UNFPA EXECUTIVE DIRECTOR

Ms. Thoraya Obaid of Saudi Arabia has been appointed by United Nations Secretary-General Kofi Annan as Executive Director of the United Nations Population Fund (UNFPA), effective 1 January 2001. Ms. Obaid takes over from Dr. Nafis Sadik who has retired after 14 years as Executive Director.

Ms. Obaid, the first Saudi national to be appointed head of a United Nations agency, was UNFPA Director of the Division for Arab States and Europe since December 1998 until her present appointment.

She served as Deputy Executive Secretary for the Economic and Social Commission for Western Asia (ESCWA) from 1993 to 1998, Chief of the Social Development and Population Division from 1992 to 1993, and Senior Social Affairs Officer with various responsibilities from 1975 to 1992.

Helping governments establish programmes to empower women has been a central focus of Ms. Obaid's work, both at ESCWA and UNFPA. At ESCWA, she was responsible for providing technical assistance aimed at countering gender inequality, as an integral part of social development programmes.

In 1975 Ms. Obaid established the first women's development programme in the Western Asian region. It provided technical assistance to governments to establish national organisational units for women. The programme was instrumental in building partnerships between the United Nations and regional non-governmental organisations.

Ms. Obaid chaired the United Nations Inter-Agency Task Force on Gender in Amman, Jordan, in 1996. In November 1997, she was part of an inter-agency mission to Afghanistan.

Ms. Obaid, the first Saudi Arabian woman to receive a government scholarship to study at a university in the United States, obtained her Ph.D. in English Literature from Wayne State University, Detroit, Michigan. She is an active member of the Middle East Studies Association and of Al Nadha, a Saudi women's association.

"I hope all the achievements of the member states, adopted since the International Conference on Population and Development in Cairo in 1994, will continue to expand and improve the quality of life of men and women around the world," said Ms. Obaid.

"I further hope that UNFPA, as part of the UN family will continue to be an active member in the Secretary-General's forum, helping to move forward our common UN programmes," she added.

"I am very pleased at the selection of Thoraya Obaid as Executive Director," said Dr. Sadik. I believe she has the necessary experience and skills to lead the Fund in the new millennium. We have made great strides in population issues over the past 30 years. Individuals are now at the centre of population policy, and women's empowerment is seen as critical for development. Issues of reproductive and sexual health are now discussed by governments and non-governmental organisations as never before, yet we have much still to achieve.

"A woman dies every minute due to pregnancy-related causes and some 350 million couples do not have access to a range of safe and effective contraceptive methods," continued Dr. Sadik. "Ms. Obaid has shown her commitment to these issues and I believe she will be courageous in moving the agenda forward. And of course, I am delighted that my successor is a woman. I wish Ms. Obaid every success in her new role."

Dr. Sadik, a Pakistani obstetrician, was the first woman to be appointed head of a United Nations agency.

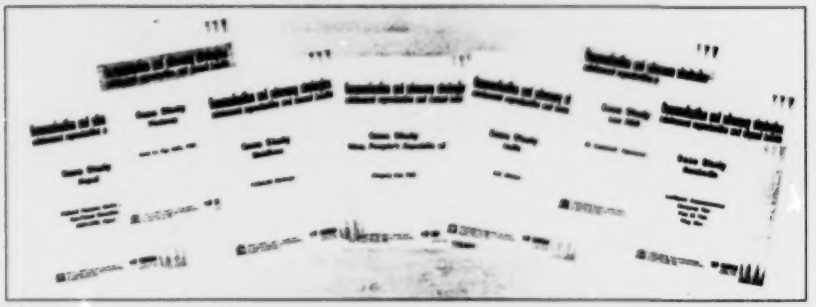
ABOUT UNFPA

UNFPA, the world's largest international source of population assistance, channels about a quarter of all population assistance from donor nations to developing countries. Since it began operations in 1969, the Fund has provided about $4.9 billion in assistance to virtually all developing countries. The Fund's main objectives are to assist developing countries to provide quality reproductive health and family planning services on the basis of individual choice and to formulate population policies that support sustainable development.

Off the press:

ARSH advocacy and IEC strategies – the view from 14 countries

In a three-part synthesis of trends, lessons learned and best practices, fourteen countries share their experiences in formulating, planning and implementing advocacy and IEC strategies to promote adolescent reproductive and sexual health (ARSH).



The participating countries are Bangladesh, Cambodia, China, India, Iran, Lao PDR, Malaysia, Maldives, Mongolia, Nepal, Philippines, Sri Lanka, Thailand and Vietnam.

The recently published booklets supersede the first volume which was published in 1999, also by the UNESCO Regional Clearing House on Population Education and Communication. Its coverage was limited to only seven countries.

The first booklet, *Demographic Profile*, is made up of three parts: Demographic Characteristics (covering population growth, educational attainment and employment status, health and nutrition, age at marriage, age at first intercourse, fertility level, teenage pregnancy/childbearing, abortion, contraceptive knowledge, access and use, STDs, HIV/AIDS), Knowledge, Attitude and Behaviour on Sexuality and Reproductive Health, and Trends, Problems and Challenges.

The second booklet, *Advocacy and IEC Programmes and Strategies*, is divided as follows: Policies, Programmes (describing the types, objectives and target audiences of programmes and types of organisations), and Advocacy and IEC Strategies: Key Result Areas.

The third booklet, *Lessons Learned and Guidelines*, is divided into three sections: Lessons Learned, Helping Factors, Hindering Factors and Challenges, and Guidelines for Implementing Similar Programmes and Activities.

On its way:

UN Staff College's Course 5 on Adolescents

Finalization of the draft of Course Module 5 on Adolescent Sexual and Reproductive Health is underway following the Second Design Workshop which was held at the United Nations Staff College in Turin, Italy, on 13-17 November.

The Course on Adolescents is the fifth in a series of courses developed by the United Nations Staff College-based project on Distance Learning System on Population Issues. The project was launched in 1998. The first four courses were on reproductive health, HIV/AIDS, gender and advocacy.

Course 5 covers four modules: (i) issues problems and needs of adolescents; (ii) a discussion on adolescent reproductive rights; (iii) what is currently being done in ARH and what can still be done; and (iv) programme management as it pertains to programme managers and service providers.

The Second Design Workshop reviewed the target audiences, course aims and objectives; informed participants about the art of distance learning authoring; inspected draft teaching materials and proposed changes; reviewed the potential role of audio and video; and established criteria for selecting and allocating tasks for post-workshop activities, and planning activities and production schedules.

The workshop recommended that written texts be supported by appropriate audio-visual tapes drawn from various regions, with special attention on Latin America and Caribbean. Prior to publication of the course on adolescents, writers of individual modules will review the edited version and offer their comments.

Mr. Francisco Roque, UNFPA/CST Adviser on Adolescent Reproductive Health and Education, based in Bangkok, joined other workshop participants, including UNFPA/CST advisers from Dakar and Kathmandu, two senior programme officers from UNFPA Headquarters, two programme officers from the United Nations Staff College, and two specialists in distance learning education who served as resource persons.

The distance learning project is expected to be completed this year, following pilot testing of the course materials in selected countries, including Bangladesh and Nepal in South Asia, and Thailand and Vietnam in Southeast Asia, and one or two Pacific Island countries.

The First Design Workshop was held in New York on 17-21 July 2000.

BANGLADESH

Status of adolescents and youth in Bangladesh

Adolescents in the age group 10-19 years constitute 23 per cent of the total population or some 28 million, while those in the age group 10-24 years number 38.5 million or 31.3 per cent.

In his paper on the status of adolescents and youth in Bangladesh, Dr. Ahmad Neaz, Director General of the Family Planning Association of Bangladesh (FPAB), called attention to the alarming predicament of young Bangladeshis.

Dr. Neaz noted that adolescents marry and start family life with little sexual and reproductive health knowledge, if any. In most cases the first born comes within the first year of marriage, leaving the young couple little time to prepare for the mental, physical and economic burdens of parenthood.

The paper and other youth-focused materials are contained in a report released by the FPAB in connection with a workshop, **Youth Caravan on Sexual and Reproductive Health.** Dr. Neelima Ibrahim, FPAB President, inaugurated the workshop. Held in Cox Bazar in November 1999, the workshop was attended by policymakers, volunteers, youth leaders, programme managers from the FPAB national headquarters and branches.

The following highlights the FPAB Director General's presentation.

Education

Recent government and NGO initiatives have helped to raise the primary school enrollment rates to 81 per cent for males and 73 per cent for females. However, the drop out rate, particularly among females, is significant.

Only 25 per cent of males and 13 per cent of females attend secondary schools. Here the drop out rate is much higher.

Several social barriers hinder the introduction of sex education in the school curricula. Many fear that sex education may encourage promiscuity.

Young people are a key audience of FPAB programmes.

However, others believe that sufficient knowledge of reproductive health will correct irresponsible sexual behaviour and help adolescents to manage their lives.

Sexual Behaviour and Marriage

The findings of some small-scale in-depth studies reveal that pre-marital sex and pregnancy outside marriage are common, in contrast to the generally held belief that conservative social customs discourage pre-marital sexual relations. Urban adolescents are more exposed to pre-marital relations, compared with rural adolescents. Menstrual regulation practices and/or illegal abortion have become fairly common.

The 1991 population census places the number of marriages per year at about 1.15 million. The average age at marriage for females is approximately 19 years and 26 for males. Child marriage still exists in rural areas. A considerable number of marriages are unregistered, giving cause for marital sufferings particularly among adolescent couples.

Fertility

The adolescent fertility rate is 171 births per 1,000 women aged 15-19 years, one of the highest in the world. On average, one out of three adolescent women (or about 1.5 million out of 4.4 million) has began childbearing. Adolescent married women represent one of the most underserved groups and hence

FPAB helps young people to establish youth groups and advocacy networks.

Dr. Neelima Ibrahim, President of FPAB, delivering the inaugural speech.

Dr. Ahmad Neaz, Director General of FPAB, addressing a plenary session.

deserve special considerations. Compared to older women, adolescent women run higher risks of complications during pregnancy and childbirth and maternal mortality and morbidity. They are also not likely to receive early and adequate pre-natal care.

High fertility and childbearing rates among adolescents pose negative socio-health, socio-economic and socio-cultural and demographic consequences.

Adolescent Vulnerability

Both male and female adolescents are vulnerable to sexual abuses, with young girls being particularly at risk. They are seduced by older men, while young boys are abused by both older men and women. They are vulnerable to STD/RTI/AIDS.

Recommendations

Recommendations presented at the FPAB workshop touch on the need to increase youth and participation and to map out future strategy.

Among the recommendations to maximise youth participation are the organisation of out-of-school youth, dissemination of information on sexual, holding group meetings, and training youth leaders.

To encourage community participation, well-known personalities should be included in appropriate committees, information on sexual and reproductive health should be disseminated at discussion meetings, including those that involve school and college teachers. Literacy programmes should be held for illiterate members.

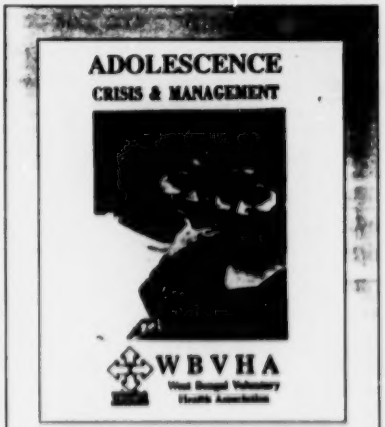
To facilitate mapping out future strategy, capable youth leadership should be developed through workshops and other means, income-generating activities should be undertaken through youth clubs, and concerned government departments should consider including sexual and reproductive health in appropriate school textbooks.

INDIA

Letter from West Bengal

The West Bengal Voluntary Health Association (WBVHA) has reported growing appreciation among students of books and reports on adolescence sent by UNESCO PROAP.

Writes Aminul Ahsan, WBVHA Senior Programme Officer, "Some of our students who attended recent camps found the materials extremely helpful."



WBVHA is a technical resource base. Its services are described in the Association's introductory brochure.

The students expressed a desire to organise activities in their own schools using the UNESCO PROAP materials. "They recognise the benefits of these materials. They have won local support and convinced their headmasters to hold appropriate school activities for both boys and girls. All India Radio," adds Aminul, "has considered a re-broadcast of some of the important episodes on ADOLESCENCE at the request of several listeners. Truly, the episodes on adolescent care were very popular. These were aired by All India Radio to create better awareness of the problems."

Counselling is but a phone call away

Intensive staff training programmes have given a new momentum to the telephone counselling for youth service established in 1997 by PERC-NEHU (Northeastern Hill University). The training emphasised the psychological, biological and spiritual aspects of adolescence and recommended appropriate approaches to adolescent problems. Basic, practical counselling techniques drawn from day-to-day life were highlighted.

Training programmes were held in February and again in May for college teachers and members of various NGOs. As follow-up action, some college teachers who took part in the training programme organised counselling activities in their respective institutions.

The PERC-NEHU telephone counselling service focuses on adolescent problems associated with drug and alcohol abuse, AIDS, and family relationships. The service is available for an hour (2 p.m. to 3 p.m.), Monday to Friday.

College teachers and members of various NGOs were the target groups of the training programmes.

With earlier publicity efforts failing to generate as much client interest as expected, including newspaper advertising and other publicity materials posted in colleges in Shillong, a survey of potential improvements to the counselling service was carried out. The survey findings attributed poor client response to shyness on the part of adolescents and reluctance on the part of parents and adolescents themselves to openly discuss and share problems associated with sex and substance abuse. Adolescents below the age of 12 are discouraged from discussing sexuality. The survey also revealed the severity of alcoholism among some university students.

Complementing the telephone counselling service is the incorporation of sex-education, population education, HIV/AIDS and drug abuse prevention, and related topics, in regular subjects offered by a number of colleges.

Cultural settings affect adolescent needs

Adolescent needs differ and require responses that are tailored to specific cultural settings.

A survey of 1,054 students, (representing an equal number of boys and girls) in 90 schools in six districts of Madhya Pradesh, measured the awareness and attitudinal levels of adolescents in different cultural settings and studied their needs and requirements. The survey covered rural, urban and tribal areas and was conducted under the National Population Education Project in collaboration with the Population Education Cell in Madhya Pradesh.

The survey findings showed that 90 per cent of the respondents were not aware of the physical, emotional and psychological changes during adolescence. Some 50 per cent expressed misconceptions about wet dreams, masturbation, virginity, and other aspects of adolescent development. Only 32 per cent of the girls were aware of the importance of hygiene during menstruation.

The survey further revealed that 57 per cent of the respondents would like to take responsibility for their own decisions, with some 61 per cent manifesting assertive traits. Nearly 66 per cent were aware of the modes of HIV/AIDS transmission. Some 40 per cent recognised the problem of drug abuse.

Awareness levels were higher among urban students compared with tribal students. Overall, male students were more aware than female students. Students from scheduled tribes were least aware of ARH issues.

The parents' education and type of occupation also influenced the respondents' level of awareness. Doctors, lecturers journalists and advocates were better aware of ARH issues and had positive attitudes towards them, compared with businessmen, agriculturists, and labourers. Income level and family size did not significantly influence the awareness and attitude of the respondents.

Books, television, friends and peers were ranked as major sources of information.

Success of national ARH strategy hinges on stakeholder support

In Indonesia, powerful reasons point to the urgency of defining a national ARH strategy.

The adolescent population of 65 million (aged 10 to 19) accounts for some 30 per cent of the total population. By and large, young people's knowledge of ARH is poor and current patterns of sexual behaviour are a threat to adolescent health and development.

Adolescent pregnancy accounts for approximately 11 per cent of births. The number of adolescents suffering from STD and HIV/AIDS is on the rise. Anemia which poses risks to pregnancy and childbirth is found in 45 per cent of all adolescents.

In July at Cipayung, Bogor, health experts and professionals gathered at the Adolescent Reproductive Health National Strategy Workshop to discuss adolescent issues pertaining to social relations and reproductive health needs. Their goal was to gain better understanding of ARH issues and to develop a national strategy that will guide government agencies and NGOs in developing their own initiatives.

The participants noted that many parents lack proper understanding of basic ARH concepts. They also observed that the mass media has become a major purveyor of vulgar messages and that popular information on sexuality is largely focused on intimate sexual relationships and their consequences.

The workshop called attention to existing laws, regulations and policies that are insensitive to the needs of an ARH programme, especially its gender components. Other setbacks are the insufficient number of adolescent-friendly health service facilities, poor integration of ARH materials into the school curriculum and extra-curricular activities, inadequate protection of adolescent rights, and the absence of sexuality discussions between parents and adolescent children.

The workshop recommended changes in the approach to the promotion of advocacy, IEC, and services. These will be reflected in a nationwide ARH campaign proposed in 2001.

PROJECTED ACHIEVEMENTS OVER THE NEXT 10 YEARS:

(i) **implementation of laws, regulations and policies pertaining to sexually explicit materials, by the end of 2002,**

(ii) **by the end of 2004, analysis and modification of the foregoing, integration of ARH topics into the curricula of teachers, counsellors, health providers, social workers, and educators, and nationwide provision of at least one adolescent-friendly ARH reference book, complemented by IEC materials, to junior and senior high school libraries (public and religious), informal religious groups, and village libraries.**

(iii) **by the end of 2005, integration of ARH topics into the IEC materials of biology, religion, and physical education teachers, health and family planning workers, and health and family planning volunteers.**

(iv) **by the end of 2010, establishment in all districts nationwide of an adolescent-friendly service centre adapted to local needs and capacities, equipped with adequate facilities and service materials, and operated by trained staff. The centre will offer clinically-based counselling and outreach programmes targeted at in-school youth, commercial sex workers, street children, labourers and other special groups. During the same period, all junior and senior high schools and informal religious groups are expected to be actively involved in promoting ARH.**

Adolescent reproductive health policy in Indonesia

(excerpted from a paper by Eddy Hasmi, Director, Adolescent and Reproductive Health Protection, NFPCB)

Indonesian adolescents, totalling some 47 million, are in urgent need of an effective adolescent reproductive health programme. Other critical considerations shore up this need: (i) healthy adolescence is the best preparation for having quality families, and (ii) pre-marital sexual relations are common among adolescents although their knowledge of reproductive health is poor.

Indonesia's Population Education (POPED) Programme, implemented nationwide since the 1980s, seeks to provide the youth with reasonable and responsible knowledge of reproductive health, improve their awareness of population problems, and develop positive attitudes to the norm of a small, happy, and prosperous family.

The current ARH programme, although not nationwide, is an enrichment of the population education programme. Various ARH activities have been carried out at the provincial level with support from UNFPA, the World Bank, other funding

agencies and NGOs. The 1999 National Development Programme (Propenas) addresses the need for a nationwide ARH programme.

Current status of ARH in Indonesia

The 1998 baseline survey of Young Adult Reproductive Welfare, the largest and probably the most comprehensive study of Indonesia's adolescent population, provides interesting findings. Covering 20 rural and economically disadvantaged districts in West, Central, and East Java, and in Lampung province in Southern of Sumatra, where family planning acceptance and overall health status were relatively low, the survey reached 4,106 men and 3,978 women, aged 15 to 24.

The survey was conducted by the Demographic Institute in the Faculty of Economics, University of Indonesia, NFPCB, the East West Center in the University of Hawaii, Focus/Pathfinder International and USAID.

Policy

Indonesia's adolescent reproductive health policy comprises the following components:

- **Advocacy,** addressing politicians, community leaders, religious leaders, and managers of development programmes at central to village levels.
- **ARH promotion,** including reviewing and developing pertinent laws and regulations and providing parents and adolescents with reproductive health information using the mass media and youth-friendly approaches, such as radio call-in shows.
- **Counselling,** covering overall adolescent health.
- **Helping adolescents with special problems,** such as unwanted pregnancy and complications due to unsafe abortion.
- **Supporting positive activities for adolescents,** including role playing and community visits.

Programme implementation

The models of implementation are (i) clinic-based and outreach programmes and (ii) community or group empowerment and referral system for difficult problems.

The first model is mainly used by NGOs, particularly PKBI, which operates youth centres in 26 provinces. Their services include counselling and hotlines, and conducting outreach programmes. The centres are mainly managed by adolescents and other people with clear understanding of the youth. Some centres have improved considerably with the support of BKKBN, UNFPA and other donor agencies.

The second model is preferred by government agencies and has been developed in the rural areas. Since 1995, the State Ministry for Women Empowerment has been conducting reproductive health programmes for adolescents by strengthening youth groups. They have been empowered in problem-solving, decision-making and facilitating community activities. Much use has been made of existing institutions, including schools.

Key success factors

- ***Market Orientation*** Identify the target adolescent groups and involve them in developing the programme. Create youth advisory panels to help shape programme ideas. Design IEC activities and adjust IEC materials and methods in response to adolescent needs.
- ***Capability of field managers*** Identify facilitators for training as peer educators and counsellors, taking into account the characteristics of the target groups. Focus capacity-building activities on improving the capability of field workers.
- ***Provision of adolescent-friendly service and information facilities*** Make these facilities accessible to adolescents.

The implementation of ARH projects supported by the World Bank, UNFPA and other agencies has provided significant lessons in the development of strategies for a cost-effective national programme. Much also depends on how the foregoing success factors are observed.

HIGHLIGHTS OF SURVEY FINDINGS

Age at marriage. While the respondents believed that men should marry at 25 and women at 20, many of them married much earlier, with 26 per cent of the men and 75 per cent of the women marrying at age 17 or younger. Parenthood came soon after marriage, although some 69 per cent of the women would have preferred to wait two years or more before starting a family. They also favoured to space childbirth once every four years, but actual birth spacing among mothers aged 20-24 years in 1997 was about 2.7 years.

Use of contraception. Only half of the married women were using contraception. Some eight per cent reported to have experienced a miscarriage, but only a few sought proper medical treatment. Many consulted traditional midwives and untrained practitioners.

Awareness of family planning. While most of the respondents have heard of family planning, their knowledge of specific contraceptive methods varied considerably. Married respondents did not necessarily know better than those who were unmarried. In general, the women were better informed about contraception.

Misconceptions about sexual behaviour. More than half of the respondents believed that engaging in a single sexual intercourse will not result in pregnancy. Many have heard of HIV/AIDS but only a few knew about other STDs. Very few had a good understanding of HIV/AIDS transmission and almost half believed that HIV/AIDS is curable.

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RHI tailors its response to adolescent reproductive health needs

The opening up of Lao PDR in the early 1990s has brought with it less desirable consequences that have led to significant behavioural changes among Laotian youth.

As a result of increasing exposure to foreign cultures and ideas, many young people are drifting away from traditional social and cultural norms. Opportunities to become more socially and geographically mobile, coupled with a greater pressure to find employment outside the home and community, are driving the youth to urban towns and away from subsistence agriculture. Some young people, particularly those living in communities bordering the Mekong River, cross into Thailand to seek seasonal employment.

Some girls become garment factory workers, while the less fortunate find employment in bars and beer gardens, often becoming commercial sex workers. Some of those who returned home have become carriers of STDs, including HIV.

Laotian youth are placed at continuing risk by their limited access to information on reproductive physiology, pregnancy and contraception, STDs and HIV/AIDS, drug abuse and other health-related issues. The Ministry of Education has only recently started to introduce HIV/AIDS information in the school curriculum. However, the risk of unprotected sex before marriage, abortion and other serious issues, have been left out. Services specifically for unmarried adolescents have not yet been made available. As there is considerable stigma associated with regular clinic visits by unmarried adolescents, they only seek these services as a last resort and often when it is too late.

Laotian women need access to information on reproductive physiology, pregnancy and contraception, STDs and HIV/AIDS and related topics.

RHI Priority Areas

- provision of ARH information at all levels of society to adolescents, policy makers, service providers, including teachers and youth workers community leaders and other caring adults
- provision of RH technical training, including counselling skills, to service providers working in fields related to the youth
- promotion of appropriate youth-friendly services, including counselling

For those who can afford it, privately-operated pharmacies offer medical treatment and sell contraceptives, medication against STDs, and other pharmaceutical products that maybe of poor quality and improperly prescribed. As abortion is illegal, young pregnant girls often submit to traditional methods that are unsafe and could cause complications.

The EC/UNFPA Reproductive Health Initiative (RHI) in Lao PDR has not come a moment too soon. A major aim is to strengthen collaboration among the projects so that skills and expertise are shared, as well as to maximise synergy between the projects. A Parasol Project executed by UNFPA has specific responsibility for promoting links between the RHI projects and the country's reproductive health sector.

Many Laotian girls look for employment outside agriculture. Many become garment factory workers, others find employment in bars and beer gardens. Some have the misfortune of becoming commercial sex workers.

Counselling adolescents in Lao PDR

With support from the Parasol Project of the EC/UNFPA Reproductive Health Initiative, a five-day course in ARH counselling was conducted for 21 participants in August last year in Vang Vieng town. Based on a World Health Organization manual adapted to the Lao context, the course was facilitated by experts from two EC/UNFPA RHI executing agencies, *Save the Children (UK) and Enfants et Developpement* from France.

The course, the first of its kind to be conducted in Lao PDR, focused on counselling skills for government staff, emphasising the needs of adolescents. The participants included managers, youth workers, health personnel, and formal and non-formal educators. All were engaged in EC/UNFPA RHI-supported projects.

Discussions during the five-day training tackled reproductive health issues facing young people in Lao PDR, including early sexual relationships, pregnancy outside marriage and abortion. The course also included hands-on counselling by the participants using various techniques. For many of the participants, this was their first experience of participatory training methodology.

"At the beginning I found the role play very difficult," said a participant from the Lao Women's Union in Vientiane. "I thought that the counsellor had to talk all the time in order give the client help and advice. Now I realise that a very important part of counselling is listening to what the client has to say."

The role play helped the participants to understand fundamental counselling principles, such as client confidentiality, which was a totally new concept for most people.

A midwife from Mahosot Hospital commented, "I used to see things from a purely medical point of view and I thought that my job was only to treat symptoms of ill health. Now I realise how important it is to also help patients deal with their emotional difficulties. This requires a different set of skills, such as listening to patients, encouraging them to express their feelings, and giving them information to help them take decisions. For young people, especially those who are unmarried, it must be very difficult to talk about these things."

"I had never thought of the need to keep a client's information confidential," said one participant. "Maybe one reason why young people hesitate to talk to us is their fear that people tend to gossip."

The training participants said their newly-acquired counselling skills will be useful not only in their workplaces, but also in their communities. "I know there are young people in my village who have problems," said one participant. "I now feel that I have the skills to be able to help them."

Coming up: Vientiane Youth Centre

Soon to rise in dowtown Vientiane is a Youth Centre for recreational, educational and entertainment activities. The first of its kind in the capital, the Youth Centre will provide a venue for social and recreational activities, dissemination of information on reproductive health issues and training in lifeskills and parenting. Basic ARH services will be provided by a clinic staffed by medical personnel from the Mahosot Hospital.

The centre's establishment is the result of collaboration between the Vientiane Municipality Women's Union and Save the Children (UK).

Interventions to be used in the Youth Centre are based on the findings of a baseline study conducted before the end of 2000, to gather data on youth knowledge, attitudes and practices in relation to various reproductive health issues. Technical support has been provided by the London School of Hygiene and Tropical Medicine and the Netherlands Inter-disciplinary Demographic Institute.

Six youth workers appointed by the Women's Union in January 2000 have undergone intensive skills training in reproductive health and carried out extension work in some villages in Vientiane.

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A key role for Mahosot Hospital in maternal/neo-natal care

The Gynaecological-Obstetrics Department of Vientiane's Mahosot Hospital is providing vital maternal and neo-natal care for pregnant women referred by clinics and hospitals throughout the country. Many of the women suffer health conditions that are beyond the capability of most medical facilities in the country. Among these conditions are post-abortion complications, including haemorrhage, uterine damage and serious infections.

Dr. Anan Sacdpraseuth, Chief of the Gynaecology/Obstetrics Department, cites the case of a nine-month pregnant woman who was saved by a Mahosot medical team from a life-threatening case of eclampsia. The team performed a caesarian operation and placed both mother and child under the intensive care and neo-natal care units.

Mahosot Hospital is also the venue for training of trainer courses that cover ante-natal and post-natal care, normal and abnormal pregnancies and deliveries, obstetrics and gynaecological emergencies, contraception, and STDs/HIV/AIDS. Similar training is also being carried out in Luang Prabang, Pakse and Savannakhet.

The modules used in the RH training were developed by *Enfants et Developpement* using funds from the EC/UNFPA Reproductive Health Initiative project. The RHI Project is also supporting the refurbishment of maternity units in the four participating hospitals and upgrading their equipment. Special consideration is being given to the Neo-natology Unit, where emergency care is given to premature babies and other newborn babies with difficulties.

A further activity is a study of abortion cases seen at Mahosot Hospital. To be funded by the EC/UNFPA RHI Parasol Project, the study will cover information on abortion methods and the types of complications and their incidence. The data collected will be used to raise awareness of the risks of abortion and to promote the use of contraception among married and unmarried women. Data will also be collected on the incidence of child abuse and other cases of violence against children and women. Both areas of interest are of great sensitivity in the Lao context.

Ethnic minority students in Oudomxay need RH information

With funding from the EC/UNFPA RHI, *Enfants d'Ailleurs* is carrying out RH awareness raising activities aimed at high school students. The collaborating partners include provincial health authorities, the Youth Union and the Education Department.

Six teaching modules have been designed, focusing on reproductive physiology and family planning, pregnancy and childbirth, STDs and HIV/AIDS, and RH-related gender issues. Senior students from the ethnic minority school and two high schools attend monthly classes on these topics, giving them their first-ever opportunity for an open and lively forum.

A baseline survey conducted before the classes were introduced has revealed that while young people have many ideas regarding reproductive health issues, their information is often incomplete or inaccurate. Almost 10 per cent of those who responded to the survey questionnaire engage in sexual relationships. While most are aware of condoms as a means of contraception, only a few use them. Alcohol and tobacco consumption is high among the students, especially those who engage in sexual activities, showing a correlation among risky behaviours.

The RHI-supported activity owes its success to the commitment of the members of the multi-sectoral team involved. Two medical doctors provide technical inputs to the training, while key teachers from each high school provide the pedagogical input. Personnel from the Lao Youth Union facilitate the organisation of the training.

The classes are expected to have a long-term, positive impact on young ethnic minority women at Oudomxay, many of whom are driven to work in the town's restaurants and bars due to limited work opportunities in their home villages.

Now available: ESF-developed IEC materials

The lack of appropriate IEC materials on adolescent reproductive health in Lao PDR will soon be a thing of the past as one project under the Reproductive Health Initiative (RHI) has taken on the specific task of producing such materials.

Ecoles sans Frontieres (ESF) has designed a range of IEC materials that include a flip chart and a companion manual, posters and cartoon booklets. Additional copies of the flip chart on contraceptive methods, which was originally intended for illiterate village

women in Luang Namtha, have been produced and distributed to UNFPA partners through the National Reproductive Health Programme and the Ministry of Education. A companion manual on how to use the material has also been developed.

A poster and three cartoon booklets, featuring the amiable but foolish character Somboun, have been designed to promote safe sex messages. Two booklets on puberty and the reproductive physiology of adolescent boys and girls are used to supplement the limited information provided through the school curriculum. Materials focusing on gender relations between couples have also been designed, and are being used to encourage debate among adolescents.

Building on the success of their project activities, *ESF* recently conducted a two-week RH awareness raising campaign, held nightly in villages in Luang Namtha. The participatory approach imbued the campaigns with a festive atmosphere that encouraged positive responses from the target audience.

RHI-funded projects in Lao PDR

Enfants et Developpement **is collaborating with Mahosot Hospital to improve maternal and neo-natal care through the training of trainers in Vientiane and in three regional hospitals.**

Enfants d'Ailleurs, **in partnership with Oudomxay Provincial Health Department, is responsible for incorporating a broader RH focus into an existing primary health care project. In addition, ARH information dissemination is being piloted in three high schools and two villages in Oudomxay.**

Ecoles sans Frontieres **is working with the Non-Formal Education Department to develop RH-focused IEC materials to support literacy classes in Luang Namtha province. IEC materials for other RHI projects are under development.**

Medecins sans Frontieres, **in collaboration with the National Committee for the Control of AIDS, conducted a survey in three provinces to explore the knowledge level, attitudes and practices of young people and service providers in relation to STDs and HIV/AIDS. This is the first study of its kind in Lao PDR. The survey report was disseminated in November 2000 and shared with other RH projects.**

Save the Children (UK) **and the Vientiane Municipality Women's Union are piloting a project aimed at providing ARH information and basic services to adolescents in Vientiane through a youth centre.**

NEPAL

Conveying ARSH messages to rural adolescents

Adolescents represent a critically underserved population group in Nepal and extending appropriate reproductive health information and services to them is a major objective of the country's Reproductive Health Initiative (RHI) Project.

A social research in the project areas of the RHI's partner NGOs was completed in April 2000. It involved literate and illiterate 12-to16-year old adolescent boys and girls in peri-urban areas and in the rural hills and terai. A few older adolescents were included in the research.

The research evaluated the adolescents' felt information needs and identified information and communication sources and tools appropriate to them. Meetings were held with parents and other stakeholders, including teachers, health workers and village leaders, to obtain their views. Wide support was expressed to the development of an adolescent sexual and reproductive health (SRH) newsletter, leading to its publication in September 2000. The adolescent target group offered creative and useful suggestions on the newsletter's content and format and contributed SRH-related materials, including drawings, poems, and short articles. By November 2000, an evaluation of the newsletter's first issue was underway.

Using qualitative and participatory approaches, including focus group discussions, the social research revealed major gaps in the adolescents' knowledge of SRH

Girls from Kailali draw a female body, an ice-breaking exercise to facilitate in-depth ARSH discussions.

issues. There was unanimous agreement that shyness and fear of negative responses are major impediments to accessing SRH information from parents, teachers, bookshop/bookstall owners and other sources. At the same time, the research revealed the adolescents' eagerness to learn about SRH issues, including changes during adolescence, menstruation, conception and development and sex determination of the foetus, STD/AIDS, family planning and child care. They cited the radio as the most important source of information, followed by television and friends. Libraries were rarely visited, although a significant number of adolescent boys and girls were wide readers of sensational magazines.

There was no considerable difference in the level of interest in SRH issues among literate and illiterate adolescents. Although literate adolescents had more knowledge, illiterate adolescents were, in general, more willing to openly express their ideas and thoughts.

RHI Nepal has done much to improve community-based RH practices and behaviour and to reduce unmet RH needs. For further information, please contact the RHI Umbrella Project Office in Nepal. E-mail: <rhinepal@rhi.mos.com.np> Fax: 00977 1 535982.

Literate girls from Kirtipur, aged 14-16, read sample newsletters as part of the social research.

The draft adolescent newsletter is pre-tested among literate boys, aged 12 to 13.

Young boys from Kailali prioritize their queries on sexual and reproductive health.

SPEAKING THEIR MINDS

"In the library, there are 'Haude Keta' (boys who tease/flirt). They are unlike schoolmates. Therefore, we do not go the library. We'd rather buy newspapers at book stalls."

Literate girls, 12-13, Syangja

"Even though we cannot write ourselves, we can get someone to write our stories."

Illiterate/semi-literate girls, 12-13, Kailali

"We fear that adults may scold us if we ask about such (sexual and reproductive health) issues."

Semi-literate boys, 12-13, Syangja

"The Newsletter will give an opportunity to learn about unknown subjects like sexuality. It will also provide us an opportunity to discuss these issues with our mothers."

Schoolgirls, 12-13, Kailali

Cover of the first issue of "Curiosity", a sexual and reproductive health newsletter for adolescents developed by RHI Nepal.

PAKISTAN

PAVHNA Adolescent Project reveals significant findings

In September 2000, the Pakistan Voluntary Health and Nutrition Association (PAVHNA) completed a one-year pilot project entitled "ARH Policy and Programme Advocacy, Development of Youth Leadership and Grass Roots Level ARH Organisation Capacity Building in Pakistan". The project was conducted in Karachi, Quetta, Swabi and Gujranwala in collaboration with partner NGOs. The goal was to develop a common vision in reproductive health policy among major stakeholders, through experience sharing and feedback at the grassroots level. It was supported by UNFPA through ICOMP.

The key stakeholders included adolescents, parents, policymakers, programme managers, service providers and community leaders. A major priority was developing a core group of youth leaders and ARH programme managers.

The project surveyed current trends in adolescent reproductive and sexual health practices and interviewed a total of 310 adolescents and 110 parents. The survey questionnaires were submitted to Raasta, a development consultancy firm, for analysis and report writing.

The report revealed myths and misconceptions in current information held by adolescents concerning reproductive and sexual health issues. For both adolescent girls and boys, the main source of information was their peers.

The report also revealed the prevalence of physical and sexual abuse, particularly among girls.

Following the survey, training programmes were held in the four cities to strengthen the capacities of ARH programme managers and youth leaders. A total of 101 participants, including 25 programme managers, were trained.

At the end of the project, a national dissemination workshop, ARH Policy and Programme Advocacy, was organised on 30-31 May in Karachi. The workshop disseminated the survey report and enabled the sharing of experiences and lessons learned. The attendees were representatives of government agencies, NGOs, the private sector and other stakeholders. The highlight of the workshop was the active involvement of adolescents in group work and panel discussions.

PHILIPPINES

UNFPA funds health project for Filipino youth

US$1.2 million project funded by the UNFPA is building on the assets of youth and communities in the Philippines to promote adolescent health and development. The project thrust is important because adolescents, constituting 20 per cent of the total population, represent the country's long-term future.

Piloting of the UNFPA project will be done in Baguio, Iloilo, Davao and Metro Manila. Among the participating NGOs are the Institute of Maternal and Child Health, the Foundation for Adolescents and Development, the Tri-Dev Specialists Foundation, the Centre for Children's Concern, the Baguio Centre for Young Adults and the Institute of Primary Health Care.

At the signing ceremony, Ms. Uyen Luong, UNFPA Representative, said that the project is in line with the Government's national health objectives which recognise the need for investments in adolescent health. She cited major findings in the Young Adult Fertility and Sexuality Study II *(see box)*.

The participating NGOs and adolescent groups will work together and deploy innovative and exciting approaches in school, out-of-school and within the community. The approaches focus on adolescent health and development needs, with sexuality and reproductive health lying at the core.

STUDY FINDINGS

(i) a significant number of young people become sexually active during adolescence and 18 per cent or 2.5 million Filipino youth engage in sexual activity

(ii) of this group, 74 per cent or 1.8 million do not use any method of contraception

(iii) the age group 15 to 24 years accounts for 62 per cent of STD cases and 29 per cent of known HIV/AIDS cases

(iv) 16.5 per cent of induced abortions occur among teenagers between the ages of 15 and 17

(v) 10 per cent of births happen out of wedlock

SRI LANKA

Reproductive and sexual health education: A Sri Lankan Experience

Replication of the Reproductive and Sexual Health Education (RSHE) Project in 15 districts in various parts of the country has become a distinct possibility, based on its successful pilot in four districts in 1992 and subsequent expansion in eight other districts.

The RSHE Project, which is implemented by the Family Planning Association of Sri Lanka (FPASL), is, by far, the Association's most effective and systematic way to reach the youth and provide them with reproductive and sexual health education. It serves thousands of students in some 850 schools as well as a large number of out-of-school youth.

To bring reproductive and sexual health education to the school, a trained teacher, assisted by a project officer, is assigned to a participating district to conduct a monthly average of 20 classes in grades 10 to 13 for children aged 14 to18. Because of cultural sensitivities, the project is concentrated on educational activities and does not include a service component.

Replication of the project, with commitment and support from the Ministry of Education, will require certain modifications in approaches to the recruitment and training of staff, institutionalization, project implementation and funding, and evaluation methodology to assess behavioural change.

Dr. Sriani Basnavake, project founder, links the RSHE's origins to a 1986 survey that revealed a growing number of young people seeking reproductive health services, with the majority lacking sufficient knowledge of sexuality and reproductive health.

Originally conducted outside school hours, the lectures have become an activity during school hours. Teachers and principals are most welcome to attend, thus enabling them to confirm the nature of the lectures and to establish good rapport with the trainers.

The RSHE project is managed centrally from Colombo. A medical director and a training director jointly provide direct supervision. A field supervisor is responsible for day-to-day administration. Project officers at the field level set up all organisational arrangements for the programme. Lectures are carried out by project teachers.

The FPASL sponsors in-school activities under an overall programme supported by the International Planned Parenthood Fund. Activities for out-of-school youth are partly funded by participating youth organisations.

Monthly meetings in Colombo strengthen teamwork and allow the project personnel to discuss issues and identify solutions.

Response to the RSHE has been remarkably positive and some parent-teacher associations have in fact obtained the support of parents.

A top priority for the FPASL now is to build a resource base of teachers. The target is to have one teacher per school who is trained to provide information and student counselling. Some 400 teachers have been trained so far. Requests for refresher training, even at the trainees' expense, are on the rise.

THAILAND

Adolescent-friendly health services: A DOH priority

Dr. Vallop Thaineua, Director-General of the Department of Health (DOH), has announced the proposed establishment this year of "YOUTH FRIENDLY HEALTH CENTERS/CORNERS (YFHCs)" in more than 24 provinces throughout Thailand.

The move is a clear recognition of the magnitude and severity of adolescent health problems, especially reproductive health.

The YFHCs will operate based on youth-friendly policies and will be run by friendly staff working in a friendly environment and using adolescent-friendly procedures.

According to Dr. Vallop, study visits and workshops will be undertaken for regional and provincial staff to synthesise their experiences and lessons learned from existing models. These will help in designing feasible, sustainable and self-reliant centres. Training will be provided to all health providers.

Dr. Vallop hopes that by 2002 Thai adolescents will have access to at least one YFHC in their respective provincial areas. Adolescent health services represent major interventions to improve public health, points out Dr. Vallop.

Nationwide survey takes a close look at induced abortions

esirable revisions to Thailand's abortion policy maybe underway following a nationwide survey on the incidence and types of abortion and related factors. Under current law, induced abortion is illegal except when pregnancy endangers the mother's health or when pregnancy is the result of rape or incest.

The year-long survey was conducted in 1999 by the Family Planning and Population Division (FP&PD) in the Department of Health, with support from the World Health Organization.

The survey findings provide significant inputs to the formulation of preventive measures that directly benefit women's health and indirectly benefit related reproductive health issues. They are also expected to help decrease economic and social costs related to health problems, particularly abortions.

Data collection from the private sector proved difficult and the survey therefore concentrated on records from public/government hospitals in 76 provinces, including Bangkok, of pregnant women with symptoms of spontaneous or induced abortion and terminated pregnancy with a gestation period of under 28 weeks, regardless of the cause of the abortion. The study also noted if the abortions occurred at the hospital or prior to arrival at the hospital.

The data collection methods consisted of (i) monthly reports of abortion cases per hospital, and (ii) interviews in 134 hospitals with the highest number of abortions.

Two brainstorming meetings considered the study methodology and questionnaire design. The FP&PD developed and tested the

Dr. Suwanna Warakamin, FP&PD Director, Ministry of Health

report form and survey questionnaire. The data sheet provided the hospital's code, interview date, patient's personal identification, and, for verification purposes, the interviewer's name.

At the survey's completion by the end of 2000, the results will be presented at a national symposium aimed at soliciting feedback from the public and private sectors.

Strengthening the monitoring and evaluation of adolescent health and development

project launched by the Ministry of Public Health (MOPH) to strengthen the system for monitoring and evaluating adolescent health and development are yielding tangible results. The project addresses deficiencies in information systems and resources that have resulted in poor project assessment and evaluation.

As specific objectives, the MOPH project (i) reviewed and strengthened the existing monitoring and evaluating system and built the capacity of concerned personnel, (ii) developed monitoring and evaluation tools for new areas in adolescent health and development, and (iii) developed a pilot programme in integrated monitoring and evaluation.

With financial support from UNICEF/WHO, the Family Planning and Population Division served as the focal point for a series of meetings with various health agencies. The meetings dealt with existing monitoring and evaluation systems, the large number of organisations/agencies engaged in adolescent health and development, different interventions/projects in adolescent development, and related topics.

The new system was piloted in two districts, one in Chiang Mai and another in Lampang provinces. Provincial-level networks of relevant government offices and NGOs and close relationships and practical systems were established. Existing indicators and measurement tools and systems were modified and new ones developed.

STRATEGIES ADOPTED:

(i) **network information system comprising a measurement network and inter-sectoral linkages among government offices, NGOs and the community;**

(ii) **identification of adolescent health and development problems and essential interventions;**

(iii) **identification of measurement gaps, additional indicators, tools and systems to measure adolescent problems, interventions, and their outcomes;**

(iv) **trial applications at the community, district, provincial and regional levels.**

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UZBEKISTAN

Kamolot casts high hopes on promoting ARH

The Uzbekistan Youth Development Fund, *Kamolot*, is a principal instrument in a nationwide project that seeks to improve knowledge and awareness of reproductive health among young people, particularly men. *Kamolot* has access to over 500 school-based youth clubs throughout the country.

The project, known as "IEC and Population Policy Support to Reproductive Health Programme in Uzbekistan," is jointly carried out by UNESCO, the Government of Uzbekistan and UNFPA.

As further support to the project, the *Kamolot* has conducted a training of trainers on peer education in sexual and reproductive with the assistance of international experts. *Kamolot's* on-going programmes, such as school quiz competitions, youth training programmes and TV productions, are potential channels for wider dissemination of reproductive health information.

The annual observance of World Population Day offers further opportunities to raise adolescent awareness of sexuality and reproductive health. Since 1999, gala concerts have been organised in Tashkent, the capital, and other regions of Uzbekistan. Famous singers and prominent personalities deliver reproductive health messages as part of the observance.

Nationwide, the project is implementing a comprehensive IEC strategy that is targetted at the military, youth clubs, health education camps, and local councils.

The IEC programme has four components: (i) IEC and counselling at service delivery points, (ii) reproductive health awareness and formulation of family health issues, (iii) community outreach, and (iv) reproductive health education for in-school adolescents and cadets in military institutions.

For the most part, the school system has been the primary channel to reach adolescents between the ages of 15 and 19 years and younger. To this extent, project activities have supported the incorporation of reproductive and sexual health education into the school curriculum, as well as the development of learning/teaching materials and teachers' training. Foreign study tours for policymakers have been conducted to showcase effective sexual education curriculum and teaching techniques.

With students as the target audience, the project introduced a 40-hour subject, "Psychology of Family Life".

A12-episode, 30-minute soap opera, "Womankind" was developed and TV promo clips produced in close cooperation with journalists from the State TV Company.

Under preparation by the State Radio Committee is another 48-episode radio soap opera, "Every disease has its treatment", which tackles reproductive health issues.

Military recruits constitute a special target group. Reproductive and sexual health materials especially designed for young men are being developed and will be incorporated into the curriculum for new recruits and conscripts in military institutes.

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VINAFPA's success pivots on community participation and leadership

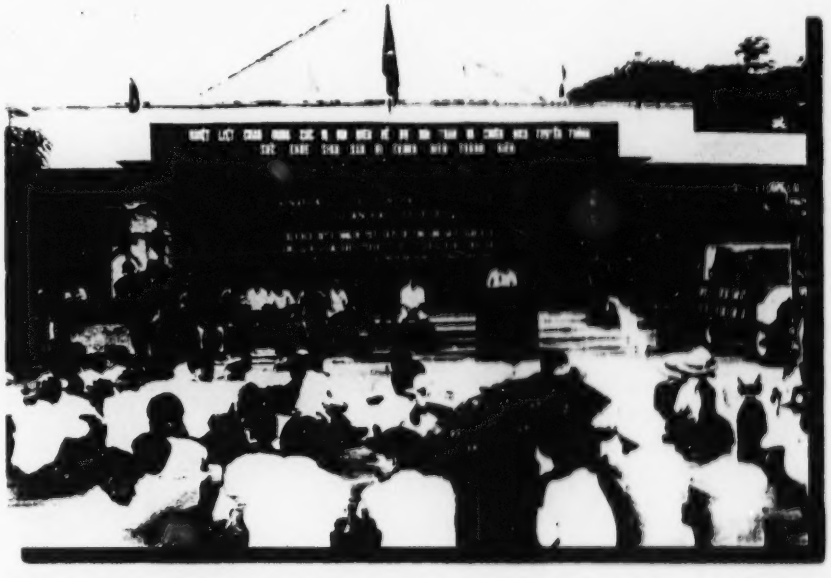
Community support and active leadership are key to the successful implementation of activities by the Vietnam Family Planning Association (VINAFPA).

The Association recognises the benefits of having mass organisations participate in IEC activities to promote adolescent sexual and reproductive health (ASRH).

Reporting at the quarterly meeting of the Alliance Project, EC/UNFPA Reproductive Health Initiative (RHI) on 15 September in Hanoi, VINAFPA cited the success of the ARH Forum that it organised in Da Nang in May and in Hue in June. Attending the forum were some 150 representatives from media organisations, various community groups, the Communist Party, People Motivation Commission, Fatherland Front, Provincial Committee for Population and Family Planning, Education and Training Department, Culture and Information Department, Women's Union, and Youth Union. The participants assessed present IEC activities pertaining to ASRH and identified future actions.

VINAFPA also organised five ASRH workshops for the youth in Hai Phong, Hue, Ho Chi Minh, Nghe An and Tien Giang. Representatives from the Communist Party and community organisations joined more than 400 adolescents and students at the workshops. The youth expressed their need to access ARSH information and to receive appropriate counselling and services that respect their privacy. To this end, necessary action will be taken and a work plan mapped out.

Clear understanding of the benefits of ARSH projects to the young people of Vietnam and the country as a whole accounts for the communities' positive response to VINAFPA.



Typically, attentive groups of students participate in VINAFPA workshops on adolescent reproductive and sexual health.

Community support to IEC campaigns was particularly evident in Da Nang, Ho Chi Minh City, Hanoi, Hai Phong and Nghe An. Mass organisations provided inputs to the design of action plans and the preparation and implementation of activities at the community level. Other worthwhile activities cited by VINAFPA were art shows and performances.

VINAFPA attributed the communities' positive response to the public's clear understanding that ARSH projects benefit not only the young people of Vietnam but the country as a whole.

Vietnamese youth view a future for ARH

nder the theme, "The Future of Adolescent Reproductive Health", poster and writing contests were held for 13-25 year old youth residing in Northern Vietnam, from Quang Tri province northward. The contests were held on 14 July to 15 August as part of a nationwide effort to involve the youth in national policymaking on adolescent reproductive health.

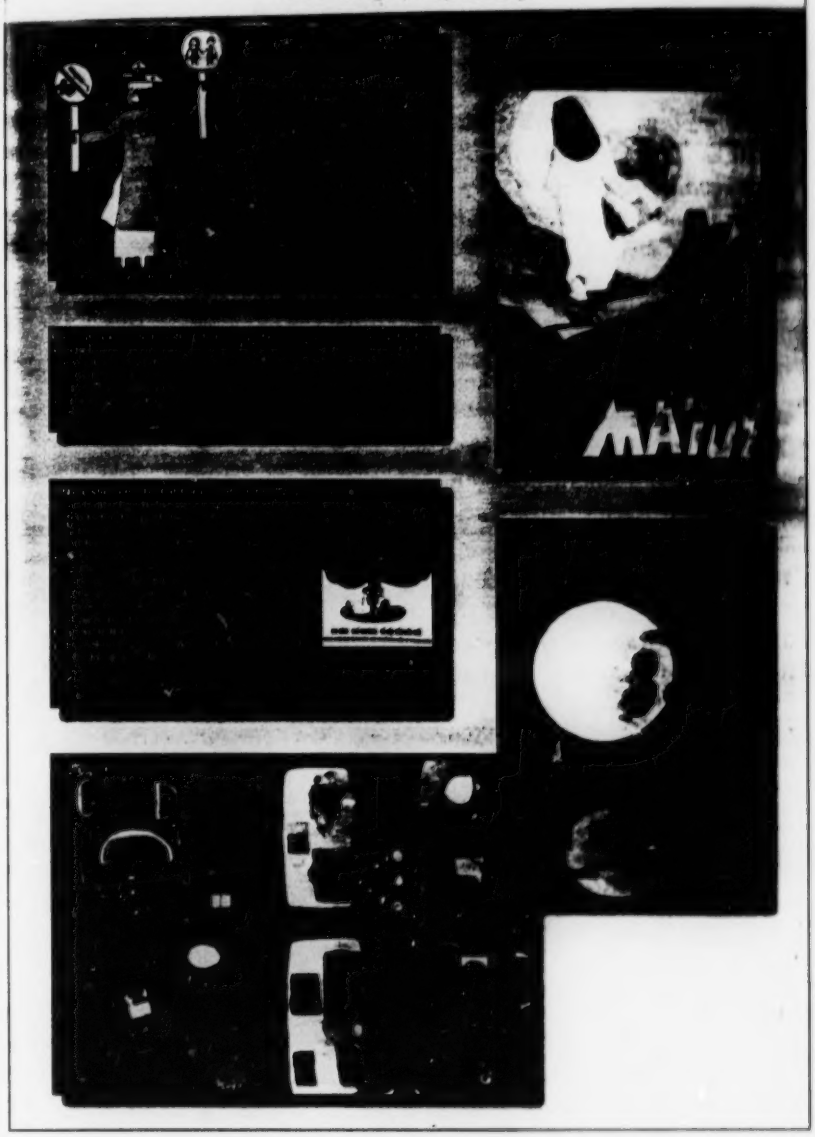
The contests were spearheaded by the Alliance Project, EC/UNFPA RHI in Vietnam, with support from local and international partners, including the Centre for Education, Population, Health and Environment (Youth League), Centre for Reproductive and Family Health, VINAFPA, Centre for Love, Marriage and the Family, Care International in Vietnam, Marie Stopes International, and World Population Foundation.

The contests attracted 580 written entries and 510 posters. The winners received cash prizes totalling over VND 18 million at an award ceremony held on 23 September. The ceremony was part of ARH Advocacy Night which was organized by the EC/UNFPA RHI in Vietnam and the Thanh Nien (Young People) Newspaper.

Speaking at the award ceremony, Mr. Nguyen Quoc Phong, Vice Editor-in-Chief of Thanh Nien Newspaper, said, "We are very proud of today's winners. They have shown their commitment to adolescent reproductive health and their willingness to get involved. We believe the youth are not alone in their desire to participate in shaping our thinking on adolescent reproductive health."

He added, "These contests will not only allow us to gain better understanding of adolescent reproductive health from those most affected by it, but will also help us formulate better policies in the future.

The Adolescent Reproductive Health Advocacy Night featured the awarding of prizes to selected winners of the writing and poster contests, left and right, respectively.



In the past decade, the number of adolescents in Vietnam has increased dramatically and their reproductive health needs must receive greater attention. We are very pleased that the UNFPA and EC are supporting us in this important effort."

Re-echoing the importance of youth involvement, Mr. Omer Ertur, UNFPA Representative in Vietnam, said, "We believe that the involvement of young adults in forming national policies on adolescent reproductive health is important to the viability and sustainability of future policies."

The award ceremony was attended by health officials, leading Vietnamese and international health experts and policymakers. It featured theatrical performances based on the winning entries and an exhibition of selected poster entries.

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PROMOTING STRATEGIC ADOLESCENT PARTICIPATION AMONG PARTNERS

Extracted with permission from UNICEF from a discussion paper written by Rakesh R. Rajani, Harvard University, May 2000. This paper aims to stimulate further discussion and serve as a resource for promoting effective adolescent participation at global and country levels. It is divided into two mains parts. The first part (Sections 2-3) provides the theoretical and conceptual basis for effective adolescent participation. The second part (Sections 4-7) focuses on the programmatic and strategic aspects of promoting effective adolescent participation. The excerpt focuses on how to promote adolescent participation.

KEY STRATEGIES

Adolescent participation can be effectively promoted by taking action on the following recommendations:

1 *Support a country-level situation analyses of adolescent well-being that would*

(i) reflect the approach to develop adolescent well-being, taking into account adolescent capabilities, opportunities and supportive environments

(ii) consider adolescent problems alongside the strengths of adults and young people and the opportunities to contribute to adolescent well-being

(iii) collect data for programming/ policymaking and stimulate public dialogue on issues raised

(iv) enable maximum adolescent participation

(v) involve key partners-(NGOs, youth organisations, development agencies and the government) so as to benefit from their inputs and to allow for wide ownership of the analyses

(vi) be conducted as a stand-alone activity or as part of on-going situation assessments.

2 *Prioritize participation efforts in settings and practices that are experienced by adolescents, daily or regularly, concentrating on places and people most associated with adolescents (e.g. the home, community, school or workplace).* Adolescent participation in special projects and events that do not include important aspects of adolescent day-to-day life is less effective and less sustainable.

3 *Institutionalise adolescent participation in key institutions and processes, instead of leaving it on an ad-hoc basis dependent on the discretion of adults.* Ad-hoc adolescent participation restricts follow-up and accountability. In contrast, institutionalised participation enables young people to critique and influence the terms of their participation.

4 *Support the formation and development of youth associations that maximise democratic adolescent participation.* Different types of youth associations (sports teams, student councils, local youth bodies) encourage meaningful adolescent participation, build their capabilitity and confidence, foster opportunities for important interactions, counter negative stereotypes, and contribute to a positive youth image.

5 *Ensure that economic policies and livelihood opportunities are supportive of child and adolescent well-being.* Quality education and health services, the essential foundation for adolescent participation, require adequate resources. Sound economic policies that have the interest and future of the youth as their goal constitute powerful and supportive environments for effective adolescent participation.

6 *Make the case for adolescent participation at the national and global levels, using multiple strategies.* These include scientific evidence, persuasive arguments linking adolescent participation to other key development issues, such as economic growth and human rights, and concrete case studies of successful adolescent participation. Partnerships with key institutions and leading youth agencies will be critical in building a broad alliance of support.

7 *Stimulate real public dialogue and debate on adolescent participation.* A participatory developmental approach to young people requires several major shifts in the way young people are viewed and programmes are conceptualized. Besides technical inputs and high level lobbying, there is need for effective dialogue with people at various levels, especially at the community level. Such a dialogue requires meaningful adolescent participation demonstrating their competence and projecting their public image.

EFFECTIVE ENTRY POINTS FOR ADOLESCENT PARTICIPATION

Broadening the range and types of participation opportunities for young people puts adolescent development at a definite advantage. Some entry points are more effective than others and may require more attention. The choices vary from one country programme to another. The key phrase here is "meaningful participation". A strategic approach is needed so that the impact of adolescent participation is maximised.

CRITERIA FOR SELECTION OF ENTRY POINTS

The following considerations maximise the impact and improve the flexibility of adolescent participation.

- **potential contribution to aspects that affect adolescent development (e.g. supportive environment)**
- **access to large numbers of adolescents**
- **equity in participation**
- **ability to reach adolescents at greatest risk**
- **ability to fill critical gaps identified in the mapping/ situation analysis**
- **potential long-term impact on daily aspects of adolescent life**
- **opportunities for adolescent decision-making**
- **long-term sustainability**
- **possibility for long-term monitoring and measurement**

Other important considerations include: comparative strength of each partner's country programme, linkages with existing areas of work, availability and priorities of effective partners, opportunity to link adolescent participation with critical in-country developments (e.g. education reform), and cost of implementing effective interventions.

These considerations should be properly weighed and selected in a transparent manner. Suitable entry points for adolescent participation include schools, health services, and youth associations. Setting-specific interventions can enhance the capability, opportunities and/or supportive environment for adolescent participation.

GOALS FOR ADOLESCENT PARTICIPATION

1 *Adolescent participation, as a right and an end, is a goal in itself.* Goals must account for the quality and meaningfulness of adolescent participation as well as its equity.

2 *Goals can be stated in qualitative and quantitative terms.* Quantitatively, these could mean reduced incidence of certain illnesses. However, the developmental framework favours actions that strengthen assets. Some are relatively easy to define and measure (e.g. completion of primary education), while others are not (e.g. level of democratic interaction in the school).

3 *Precise relationships between specific investments in adolescent assets and their corresponding positive outcomes are difficult to establish.* Positive outcomes usually take a long time to manifest themselves. Thus, it is difficult to demonstrate how adolescent participation may contribute to measurable positive outcomes, especially in the short- to medium-terms.

4 *Adolescent participation is a desired end in itself, regardless of the positive effects on other outcomes.* Goals need to reflect the composition, extent and quality of the participation process.

5 *Current data collection systems do not provide meaningful assessments of adolescent participation.* This is because the data gathered are not disaggregated according to adolescent age groups and are not qualitative.

6 *Indicators to measure adolescent participation are often the closest approximates.* Indicators should always be carefully balanced.

These considerations provide the basis for (i) adherence to and expansion of current/traditional measures, (ii) adoption of new goals that are relatively easy to measure, and (iii) adoption of new goals that are difficult to measure (e.g. the nature of interaction and learning at school, youth-friendliness of health services, and levels of consultation in community decision-making).

PRACTICAL NEXT STEPS

Partners looking for the initial necessary tools and resources to promote adolescent participation are advised to take the following steps:

1 ***Compile and disseminate information on international consensus in favour of adolescent participation.***

2 ***Identify, develop and disseminate detailed case studies of effective adolescent participation using previously described entry points.***

3 ***In partnership with young people, develop the following:***

(i) a tool or set of tools to evaluate the quality, level and extent of adolescent participation in different settings and contexts, such as schools, health services, youth associations and conferences.

(ii) a simple guidebook on how to ensure effective participation by children and adolescents in conferences. While they may not be the most meaningful vehicles for adolescent participation, conferences are popular and visible. The presence of young people is known to have significantly influenced their outcomes.

(iii) a simple guidebook on how youth associations can meaningfully involve young people in their democratic governance at different levels. Include different types of youth associations – those run by adolescents themselves and those managed by adults but are involved in youth development.

4 ***Create and maintain a standardised active list, at country and regional levels, of resource persons in the development of programmes for adolescent participation, providing information on their professional experience, publications and areas of expertise.***

Resource persons include staff of partner organisations and young people themselves.

5 ***Compile and disseminate to partners annotated bibliographies of key materials on adolescent participation and information on how these could be acquired.***

To augment the costs, copy selected materials that form an essential resources kit that can be purchased and sent to country offices upon request.

6 ***Institute a simple, standard and systematic format to be used by partners in the collection and analysis of information on child and youth participation in their programmes, as part of the annual reporting process.***

Further areas of integration include the country situation analysis and mid-term review. Measures should allow for meaningful comparability of results across country programmes. Information should also account for the level and quality of participation, at least to a limited degree.

7 ***Assess the partner country offices' interest in and capacity to handle adolescent development programmes in selected countries.***

This may include simple self-administered training needs assessments of both staff and partners and the subsequent development of a training strategy. Key supporting factors must be in place to ensure the relevance and effectiveness of training.

8 ***Explore with partners the potential value of creating youth advisory board at the country and global levels.***

These boards will be tasked to institutionalise a mechanism for young people's inputs to the partners' overall work at a high level, as well as to facilitate a system for partners to report on their progress in promoting meaningful child and adolescent participation.

These boards will be central to the partners' decision-making. It is important to determine: the roles and responsibilities of the boards, the extent of their power, the types of information that would be made available to them, the composition and selection of board members, and their linkages and accountability to their constituencies, and so on.

MAKING REPRODUCTIVE HEALTH SERVICES YOUTH FRIENDLY

[illegible] Consultant to the FOCUS [illegible] Young Adults Programme of [illegible]

NATURE OF ADOLESCENT NEEDS FOR RH SERVICES

Why do adolescents need specialized ARH services?

Significant social changes and the increasing incidence of STDs among the youth are powerful reasons for providing adolescents with specialized care covering their biological, psycho-social and physical health, including reproductive health.

Adolescent reproductive health services mark a departure from past practices when young women, regardless of their age at marriage or at their first sexual contact, were given the same RH services as older women and were expected, in most societies, to bear children soon after marriage. Many of them were not sufficiently aware of pregnancy prevention methods, their vulnerability to complications during pregnancy and delivery because of their incomplete body growth, and their susceptibility to HIV transmission because of their immature reproductive and immune systems.

Given better opportunities for education and livelihood activities, more and more young women are joining the workforce and delaying their marriage. However, some psycho-social factors place female adolescents at great risk. These include their desire to please their male partners and fear of losing them if they do not agree to sexual advances. These factors have encouraged sexual activity outside marriage, some being unprotected, and have thus reinforced the need for adolescent RH care. Moreover, the propensity of adolescents to engage in risky activities, including substance abuse and sexual contacts, further exposes them to undesirable consequences.

The provision of ARH services has often neglected young married couples who are assumed to be adults, although their physical and emotional development may more closely resemble the adolescent stage. Their need for specialized services to delay the first birth and to guide their physical and emotional maturation is quite clear.

The reluctance of most societies to openly address ARH issues and the low priority given to preventive health care have stalled the provision of ARH services. These conditions have made young people fearful and lacking a clear understanding of their own needs. As a result, they tend to avoid seeking ARH care. The challenge has therefore emerged for ARH programmes to be youth-friendly and attractive, while assuring their target groups that their needs will be met and the code of confidentiality respected at all times.

What ARH services are needed by adolescents?

Given the significant physiological changes during adolescence, the greatest needs of adolescents include education and counselling, especially related to their biological development and maturation, boy-girl relationships, decision-making about sex, gender issues, sexual abuse and exploitation, sexual and contraceptive negotiation, adoption of contraceptive methods, and options should pregnancy occur. The health services they require include prevention, treatment, and follow-up care.

COMPREHENSIVE RANGE OF ARH SERVICES:

- sexual and RH education and counselling
- physical examinations (e.g. pelvic, breast and testicular examinations)
- cervical cancer screening (e.g. pap smear)
- STD screening, counselling, and treatment
- HIV testing and counselling
- choice and use of contraceptive method and follow-up
- pregnancy testing and counselling concerning options should pregnancy occur
- abortion (where legal) and post-abortion care
- prenatal and postpartum care
- well-baby care and nutritional services

LESSONS LEARNED

As many programmes have experienced, adolescents do not use existing RH services for the following reasons:

Restricted access

In many countries access to certain health services is restricted by age, marital status, parental consent and other factors. In some cases, health providers themselves set their own rules concerning access, particularly when laws or policies are unclear or unevenly enforced.

Operational barriers

Inconvenient hours of operation, poor transportation facilities, and high costs of services are some barriers that discourage adolescents from using existing services even when access to these is not restricted.

Lack of information

Poor understanding of their changing physiology, lack of awareness of pregnancy and STD risks, and little knowledge of the range of services available and their locations prevent adolescents from using existing services.

Fear and lack of confidence

Young people avoid clinics and service providers because of real or perceived fear of clinic conditions, the attitudes of the staff, and the medical procedures and contraceptive methods, including their side effects. The lack of privacy and confidentiality is another concern.

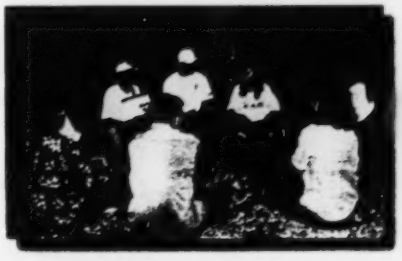
Services can be made youth-friendly if they are based on policies that attract the youth to particular facilities and programmes, provide comfortable and appropriate venues for young people, meet adolescent needs and have built-in mechanisms for follow-up and repeat visits, and set aside special clinic hours for adolescents.

Challenge to most clinics in developing countries

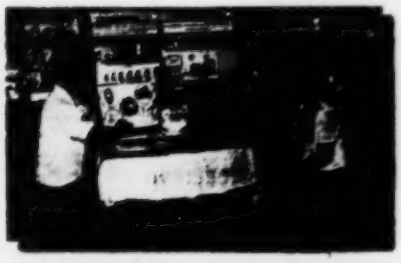
Financial constraints suggest the need to prioritize service offerings. Differences among young people (gender, age, culture, ethics) should be recognised and services adjusted accordingly. For example, underserved and hard-to-reach youth tend to engage in risky activities These sub-populations include out-of-school and street youth; youth in foster care, residential treatment facilities, and other institutions; and sexually abused youth.

INNOVATIVE AND SUITABLE SERVICE DELIVERY SYSTEMS

Innovative delivery approaches enhance the friendliness of ARH services. Such approaches must be complemented by (i) provision of special training for ARH providers who interact with young people, underscoring the need to build trust and ensure confidentiality, (ii) adolescent needs identification so that the services provided are relevant, and (iii) direct youth involvement in determining and delivering services.



Peer counselling



User-friendly services

Peer outreach services

Less conventional channels and models have successfully and more cost-effectively served the youth. Young adults and community counsellors trained as outreach workers provide sex education, family planning information, and contraceptive referrals to young people. These services combine education, family planning and counselling, while also providing some academic tutoring and recreational activities at selected venues.

Peer outreach programmes

These programmes reach out to the youth in places where they tend to congregate, including malls and recreational centres.

Satellite clinics

Large clinics are sometimes inconveniently located for young people. To improve the situation, satellite clinics can be set up in rooms donated by the community in areas frequented by large numbers of students and out-of-school youth.

Permanent public health infrastructures

Health care services that are traditionally offered at hospitals, clinics and health centres must be adapted to better attract and serve young people.

School-linked clinics

School-linked clinics can bring ARH services to large numbers of

young people. Other models that reach out to the youth include the use of mobile vans and cornmunity-based distribution agents, and social marketing, which makes effective use of the mass media and other means of disseminating information and motivational materials. Other convenient locations are bars, stores, kiosks, and community centres. Drug stores or pharmacies can also serve as distribution points for information and contraception methods, as part of a social marketing campaign or as a private undertaking. Hotlines, call-in radio shows, folk media and other communication strategies can help.

Partnering relevant like-minded NGOs and agencies

NGOs and agencies that serve youth are ideal partners to reach young people who already participate in organised programmes and activities. These include NGOs and agencies that deal with youth in prisons and in the military.

STRATEGIES AND ACTIONS TO MAKE SERVICES YOUTH-FRIENDLY

Three areas that easily lend themselves in the formulation of effective strategies are as follows: (i) responding to barriers and resistance, (ii) improving assessment and planning tools, and (iii) disseminating information, training materials, findings and so on.

Overcoming the barriers to establishing youth-friendly services

Many barriers to the establishment of youth-friendly services can be overcome by introducing certain adjustments in operations, properly selecting and preparing staff, and, most importantly, by pledging genuine commitment. However, costs, financial and otherwise, are involved and programme planners and managers should be aware of these in mapping out strategies to overcome barriers. Some primary barriers and proposed strategies to overcome them are described in the following.

Recognise that RH services to young people is a sensitive public issue

Much controversy surrounds the provision of ARH services. In many societies, there is traditional discomfort in publicly addressing sex issues, particularly when these involve the young and unmarried. A common fear is that ARH services will encourage sexual activity. Concerns such as this affect decision-making at different levels of society. In spite of the odds, however, service providers are increasingly recognising their obligation to provide preventive and curative RH care to sexually active people, young and/or unmarried.

Careful planning, concerted efforts and the support of the community are needed to ensure the success of ARH programmes. A fundamental starting point is the collection of meaningful statistics and research findings that attest to the need for ARH services. The experiences of many programmes can be cited to demonstrate the benefits of ARH services and the absence of negative consequences. Good research and preparation include anticipating probable criticisms and preparing strong responses, as required.

Further steps include identifying community leaders and soliciting their support. These allies should have the respect of the community and should represent key stakeholders, such as the religious sector, schools and youth organisations. The rationale behind providing ARH services must coincide with the moral and social values of specific communities and must respect their traditions.

Improve negative or ambivalent attitude among the staff

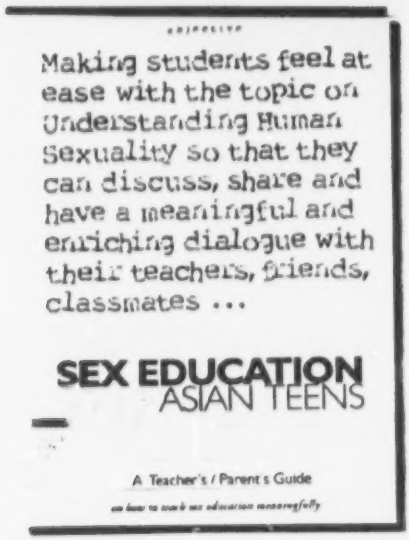
Negative staff attitudes are often cited as the main drawback to young people who seek clinical services. In addressing this issue, it is important to note that service providers are the products of their cultures and that sex outside marriage is not acceptable behaviour in most societies.

Staff must be carefully selected based on their attitude, interest, suitability to the task, sensitivity to the needs of young people, and willingness to undergo training. Selecting doctors can be particularly challenging as they are often the most difficult staff members to replace. If a doctor holds negative attitudes, implementation of a programme can be stalled.

It is sometimes desirable to engage young physicians who have a deeper empathy with the youth and their problems.

Provide additional training, budget and staff time for each client

Additional resources maybe necessary to make ARH services youth-friendly. Allowing more staff time per client maybe useful although it could increase operating costs. Financial outlays may also be required to improve facilities and subsidize client fees. Some programmes may find these outlays substantial,


Making students feel at ease with the topic on Understanding Human Sexuality so that they can discuss, share and have a meaningful and enriching dialogue with their teachers, friends, classmates ...
SEX EDUCATION
ASIAN TEENS
A Teacher's / Parent's Guide

depending on their source of funding support. However, youth-friendly adjustments can be made at minimal expense. Programmes that yield benefits to the youth far into the future have a better chance of attracting funding support.

Formulate laws and policies that are clear and unambiguous

While the provision of ARH services is within the overall policy framework of an individual country, confusion can arise if the pertinent laws are not clear, as for instance, when the services and their target clients are not identified. Such ambiguities cause uncertainties in the actions taken by service providers.

Programme managers and planners can provide inputs to the development of policies so that these serve the interest of young people to the fullest extent.

Using appropriate assessment and planning tools

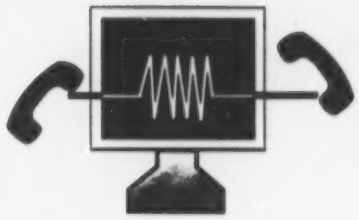
Programme planners and managers can avail themselves of a varieity of tools that have been developed to assess the "youth friendliness level" of existing services and to introduce new services. They can also identify what policies and operational characteristics need to be established.

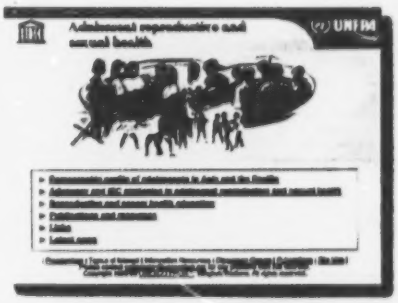
Assessment tools place a major emphasis on youth responses to gauge how the services offered have met their needs. Regardless of the approach taken to plan improvements or to establish services for young people, a vital part of the process is finding out what young people need and want and how best to deliver them.

Disseminating information, training materials, findings and so on

Much can be achieved through networking to disseminate information, training materials, findings of relevant studies and so on. The network can consist of youth groups, health and other service organisations, government agencies and other like-minded bodies that pursue a similar agenda.

Public education campaigns can do a lot towards correcting misconceptions and transforming negative attitudes to views that are supportive of the need for ARH services. Public campaigns that are handled well can make allies out of detractors.





Adolescent Reproductive and Sexual Health Website

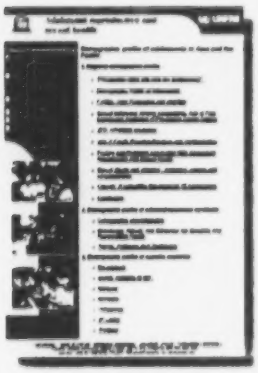
http://www.unecsobkk.org/infores/arh-web/index.shtml
UNESCO PROAP Regional Clearing House on Population Education and Communication, Bangkok
Tel: 662-391-0577
Fax: 662- 3910688
E-mail: rechpec@unesco-proap.org; pips@unesco-proap.org

This website offers best practices, successful strategies, and lessons learned from the latest experiences of 14 Asian countries, in advocacy and IEC programmes to promote adolescent reproductive and sexual health messages. These are of special benefit to policymakers, programme managers, IEC and advocacy practitioners, trainers, curriculum and materials developers, and project staff.

The 14 countries are Bangladesh, Iran, Malaysia, Mongolia, Philippines, Sri Lanka (already uploaded) and Thailand Cambodia, China, India, Lao PDR, Maldives, Nepal and Vietnam (currently being uploaded).

The website presents full coverage of their experiences as documented in three regional booklets and 14 case studies. To facilitate navigation, access to the website sections is through clickable buttons on the left hand box *(see box)*.

- **Demographic profile of adolescents in Asia**
- **Advocacy and IEC strategies in adolescent reproductive and sexual health**
- **Reproductive and sexual health education**
- **Publications and resources**
- **Links**
- **Latest news**

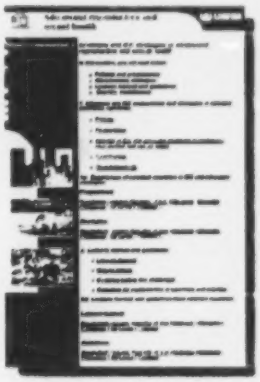


Who are the adolescents in Asia – demographic profile

This, the first section, is divided into two sub-sections.

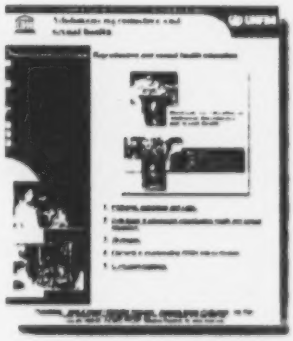
The first one – Regional demographic profile – describes the region's adolescents in terms of their demographic characteristics, fertility, teen pregnancy and abortion; sexual behaviour; age at first intercourse; incidence of pre-marital sexual activity; STD, HIV/AIDS incidence; use of family planning services and contraception; factors and problems associated with adolescent reproductive and sexual health; sexual abuse and violence – incidence, causes and consequences; and causes of unhealthy development of adolescents.

The second sub-section tackles the demographic profile, the knowledge, attitude and behaviour of adolescents on sexuality and reproductive health, trends, problems and challenges of selected countries, such as Bangladesh, the Islamic Republic of Iran, Malaysia, Mongolia, Philippines. Sri Lanka, and Thailand.



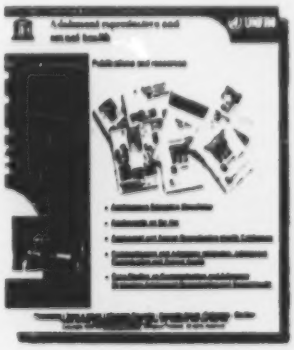
Advocacy and IEC strategies

The second section describes the efforts of countries in promoting adolescent reproductive and sexual health messages by citing their policies and programmes and advocacy and IEC strategies used to implement the programmes. It highlights the lessons learned and guidelines for formulating and carrying out similar programmes and strategies. The presentation provides a regional synthesis followed by country-by-country description of policies, programmes, analysis of IEC and advocacy strategies, coordination and outputs and products. Lessons learned, helping factors as well as hindering factors and challenges are highlighted and analysed in detail to enable countries to learn from these experiences. Finally, guidelines for implementing similar programmes are presented.



Educating on adolescent reproductive and sexual health

The third section offers ideas and tips on integrating ARSH into the curriculum and introducing in-school educational programmes. It analyses problems encountered in teaching ARSH and describes the countries' response to problems and the remaining gaps. A definition of ARSH is offered in order to provide the necessary conceptual framework. Various strategies to introduce the programme and the elements used in incorporating ARSH into the curriculum are described. Contents that will be integrated into the curriculum are suggested.



Publications and resources

The fourth section presents the different publications arising from this project in electronic form. The regular publications include Adolescence Education Newsletter; Adolescents on the Net; Adolescent and Sexual Reproductive Health Catalogues; Communication and Advocacy Strategies; Adolescent Reproductive and Sexual Health; and Case Studies on Communication and Advocacy Strategies: Adolescent Reproductive and Sexual Health.

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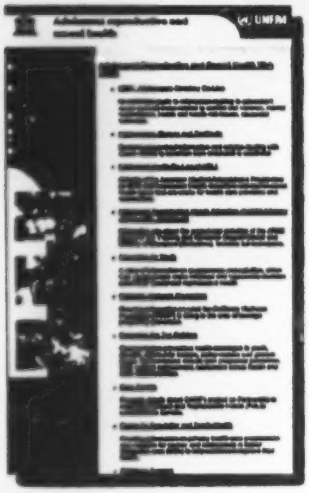
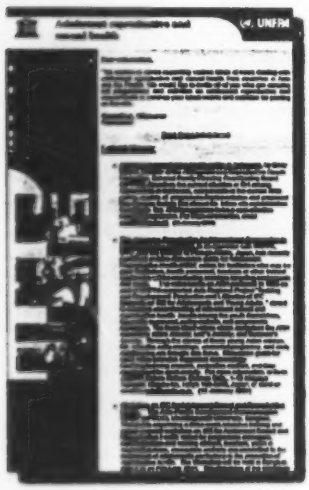


Weblinks

The fifth section, Links, carries 56 Adolescent Reproductive and Sexual Health Web Links with short summaries, clickable directly to the site. The websites range from those which (i) teach and provide materials that can be used for education and training, (ii) advocate and promote the cause and acceptance of adolescent reproductive and sexual health goals, (iii) provide research findings and evidences for reference use in various activities, (iv) help shape policy and decision-making among policymakers and administrators, (v) highlight experiences, best practices and lessons learned, and (vi) engage adolescents to actively discuss, use information, and seek counselling and answers to their questions and problems.



Latest News

The last section gives the whole website the currency it needs week by week. The news items deal with adolescent reproductive health programmes/projects, such as those implemented in Pakistan, Philippines, Nepal, Lao PDR, Sri Lanka and Vietnam. This section features specific best practices or strategies, including those carried out in India and Sri Lanka; Indonesia's national ARH strategy; descriptions of youth-friendly health services in Thailand, Vietnam and the Philippines; and monitoring tools and systems used in evaluating ARH programmes, such as those in Thailand. It also describes findings of ARH research studies, focusing on the knowledge, attitude and behaviour of adolescents. Announcements of the latest documents and publications are carried. These include reproductive health manuals for adolescent girls and reviews of literature on adolescent boys, the sexual and reproductive health needs of young people, and other topics. Descriptions of extra-curricular activities to promote greater youth involvement, including poster and writing competitions, are also carried.

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